

21-280

Name ROBERT GEORGE KUNKEL OUT OF SERVICE		PERMANENT BRIEFS AND SECURITY REVIEWS	
EOD Clerk		Perm. Brief	Security Rev. Date Name of Briefer or Reviewer
EOD Special Agent	7-11-49	X	X 2-25-65 ADDED FDHwh
Social Security Number	316-16-9003	X	6-3-65 L: Teg
		X	7-27-65 L: Teg
			3-17-66 FDH Emoke
			4-7-66 baj
			4-9-66 jaa
			3-15-67 FDH idg
			3-13-68 Jol
			3-13-69 FDN / 6/6
			3-26-69 FDN / 6/6
			5-30-69 FDN / 6/6
			4-27-70 FDN / 6/6
			5-5-70 FDN / 6/6
		X	X 7-10-70 L. Teg
			7-24-70 LLO / gpt
			10-26-71 LLO / gpt
			5-5-72 LLO / gpt
			8-14-72 LLO / gpt
			11-7-72 LLO / gpt
			9-17-73 LLO / gpt

Office	Date
GEN. INVEST. DIV.	4-5-65
TERMINATION FROM EXCEPTED APPOINTMENT	4/30/66
SUPERVISORY SPECIAL AGENT	5/1/69
DESIGN. INSPECTOR	8/5/69
MEMPHIS AS SAC	5/24/70
SUPERVISORY S.A.	5-24-70
AT WFO	7-28-70
ST. LOUIS as SAC	10-26-72

SALARY CHANGES

Date	Grade	Salary
1-31-65	GS-14	\$16,130
5-9-65	GS-14	\$16,620
10/10/65	GS-14	17,220
4/30/66	TERMINATION FROM EXCEPTED APPOINTMENT	
5/1/69	GS-15	21,757
7-13-69	GS-15	23,749
12/28/69	GS-15	25,174
5-3-70	GS-15	25,937
7/1/70	GS-16	28,317
1-10-71	GS-16	30,005
8-8-71	GS-16	30,943
10-27-71	GS-17	33,631
1-9-72	GS-17	35,480
1-2-72	GS-17	36,000
10-1-72	GS-17	36,000
1-7-73	GS-17	36,000

NAME ROBERT GEORGE KUNKEL

DATE

6-29-42	ENTERED ON DUTY Permanent	DATE	EFFICIENCY RATING
3-30-43	LEAVE WITHOUT PAY	1947 EXCELLENT	
3-8-46	RETURNED TO DUTY	1948 VERY GOOD	
9-7-47	POSITION Secretary-Reporter		
6-29-42	WHERE ASSIGNED. Files		
3-24-46	Personnel Files		
9-7-47	Director's Office		

ENTRANCE GRADE

ENTRANCE SALARY

CAF-2

\$1440

SALARY CHANGES

DATE	STENOGRAPHIC	TESTS TYPING	TELETYPE	DATE	GRADE	SALARY
8-27-46		94 $\frac{1}{2}$ %		3-14-43	CAF 3	\$1620
May '48		96 $\frac{1}{2}$ %		3-30-43	LEAVE WITHOUT PAY	
				10-1-44	CAF-3	\$1680
				7-1-45	CAF-3	\$1968
				8-27-45	CAF-3	\$1980
				10-7-45	CAF-3	\$2034
				3-8-46	RETURNED TO DUTY	
				3-24-46	CAF-4	\$2100
				7-1-46	CAF-4	\$2394
				4-6-47	CAF-4	\$2469.24
				9-7-47	CAF-5	\$2644.48
				7-11-48	CAF-5	\$2974.80
				9-19-48	CAF-5	\$3100.20

200-22-14
UNITED STATES GOVERNMENT

Memorandum

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

TO : Mr. Long *RL*
WH

DATE: 5-25-79

FROM : B. W. Rolander *BWR*
WH

SUBJECT: ROBERT G. KUNKEL
Special Agent in Charge
Alexandria Office

RETIREMENT EFFECTIVE 5-31-79

PERSONNEL SUMMARY

Entered on Duty
Military Leave
Appointed Special Agent
Reported to Field
Removed from Rolls
Returned to Duty
Present Grade and Salary
Last Salary Change
Age
Place of Birth
Marital Status
Education

Special Qualifications
Office of Preference since 4-74
1979 Annual Performance Rating
Immediate Relatives in Bureau

Offices of Assignment:

10-12-49	assigned
8-21-50	reported
2-20-55	reported
11-19-56	temp. assign.
10-21-57	Asst. Legat
12-18-59	reported
9-23-62	reported
3-11-64	reported
4-5-65	reported
8-16-65	temp. assign.
4-30-66	Removed from Rolls
5-1-69	Returned to Duty
8-5-69	desig. Inspector

6-29-42 - Jr. Clerk Typist
3-30-43 to 3-8-46
7-11-49
10-12-49
4-30-66
5-1-69
GS-17, \$47,500
2-27-77, Pay Adjustment
55, Born 5-17-24
Jasper, Indiana
Married - 2 Children
Bachelor of Commercial Science
Degree in Accounting
Firearms Instructor
Alexandria
EXCELLENT
Former Bureau Employee: Wife,

San Francisco

b6

Honolulu

b7C

Investigative Division

Training & Inspection Division

Tokyo, Japan

Dallas

General Investigative Division

Inspection Division

General Investigative Division

House Appropriations Committee

House Appropriations Committee

Inspection Division

Inspection Division



WH:cat
(2)

OVER...

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

RECEIVED DIRECTOR
F B I.

MAY 25 11 57 AM 1979

B. W. Rolander to Mr. Long dated 5-25-79
RE: SAC Robert G. Kunkel

Offices of Assignment (Cont.):

5-24-70 SAC
7-28-70 SAC
10-26-72 SAC
3-22-74 SAC

Memphis
Washington Field
St. Louis
Alexandria

Disciplinary Action

CENSURE, PROBATION & TRANSFER
CENSURES (2)

9-29-72
Last being 11-2-76

Special Recognition

QUALITY SALARY INCREASE
COMMENDATIONS (19)
INCENTIVE AWARD

5-9-65
Last being 7-25-75
3-26-76

Robert G. Kunkel
10-15-75

OFFICE OF PREFERENCE

07901
EMPLOYEE NO.

KUNKEL ROBERT G
NAME

316-16-9003
SOC. SEC. NO.

[illegible]

67-NOT

FBI PERSONNEL STATUS AND SECURITY QUESTIONNAIRE

(please print or type clearly)

DATE 1/31/79

The information solicited in this FBI Personnel Status and Security Questionnaire is necessary in order to enable the FBI to comply with the Federal Personnel Manual, Chapter 736, Subchapter 2-6, pertaining to reinvestigations of incumbents holding critical - sensitive positions (all FBI positions are considered critical - sensitive). These regulations require the submission of an updated Personnel Security Questionnaire at least every five years following the date of employment. The information solicited and the results of any subsequent reinvestigation may be used to determine your continued suitability to hold a critical - sensitive position.

(1) NAME: (last, first, middle - as it appears on Bureau Rolls)

KUNKEL, ROBERT G.

(2) OTHER NAMES USED: (maiden name, names by former marriages, former names changed legally or otherwise, aliases & nicknames)

BOB

(3) DATE OF BIRTH

5/17/24

(4) SOCIAL SECURITY ACCOUNT NUMBER

316-16-9003

(5) MARITAL STATUS: ☐ SINGLE ☐ SEPARATED ☒ MARRIED ☐ DIVORCED ☐ WIDOW ☐ WIDOWER

SPOUSE: NAME (maiden if female)

AGE

51

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

(6) CHILDREN:

NAMES OF CHILDREN, STEP-CHILDREN & THEIR SPOUSES

RELATIONSHIP

AGE (if known)

RESIDENCE (city & state if known)

Son

Dau

(7) EDUCATION: (all schools attended and correspondence courses taken during past five years)

NAME OF SCHOOL

ADDRESS

FROM (year) TO (year)

DEGREE

N/A

(8) EMPLOYMENT: (other than the FBI during the past five years)

NAME OF EMPLOYER
(firm or agency)

ADDRESS

FROM (year) TO (year)

TYPE OF
WORKREASON
FOR LEAVING

N/A

(9) HAVE YOU BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATIONS OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY WITHIN THE PAST FIVE YEARS? (you may omit traffic violations for which you paid a fine of \$30 or less, all other incidents must be listed even though they were dismissed or you merely forfeited collateral)

DATE

CHARGE

PLACE

LAW ENFORCEMENT AUTHORITY

ACTION TAKEN

N/A

(10) HAVE YOU EVER SUFFERED FROM OR BEEN TREATED FOR, ANY FORM OF MENTAL ILLNESS, INSANITY, EPILEPSY, OR HAD PSYCHIATRIC CONSULTATION OF ANY KIND? ☐ YES ☒ NO
(if yes, provide name and address of physician, approximate date and summary of specifics)(11) HAVE YOU VISITED OR RESIDED IN ANY FOREIGN COUNTRIES DURING THE PAST FIVE YEARS? ☐ YES ☒ NO

COUNTRIES VISITED

DATES

REASON FOR TRAVEL

(12) DO YOU OR YOUR SPOUSE HAVE RELATIVES (grandparents, parents, children, brothers & sisters) RESIDING IN A FOREIGN COUNTRY? ☒ YES ☐ NO

NAME

RELATIONSHIP

AGE

CITY

COUNTRY

CITIZENSHIP

Bro

60

USA

67

9 FEB 26 1979

4-TAW

- A. EVER COMMITTED OR ATTEMPTED TO COMMIT, OR AIDED , OR ABETTED ANOTHER WHO COMMITTED OR ATTEMPTED TO COMMIT AN ACT OF SABOTAGE, ESPIONAGE, TREASON OR SEDITION ?
- B. KNOWINGLY ESTABLISHED AN ASSOCIATION WITH INDIVIDUALS RELIABLY REPORTED AS SUSPECTED OF ESPIONAGE OR SABOTAGE ?
- C. KNOWINGLY ESTABLISHED AN ASSOCIATION WITH REPRESENTATIVES OF FOREIGN NATIONS WHOSE INTERESTS MAY BE HOSTILE TO THE INTERESTS OF THE UNITED STATES ?
- D. OR ANY OTHER MEMBER OF YOUR IMMEDIATE FAMILY, INCLUDING IN-LAWS, HAD ANY CONTACT WITH FOREIGN DIPLOMATIC ESTABLISHMENTS OR THEIR REPRESENTATIVES IN THE UNITED STATES OR ABROAD WITHIN THE PAST FIVE YEARS ?
(includes commercial, counselor, news media, trade or travel organizations)
- E. PUBLICLY OR PRIVATELY ADVOCATED REVOLUTION BY FORCE OR VIOLENCE TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS ?
- F. EVER BEEN OR ARE YOU NOW A USER OF NARCOTICS OR HALLUCINOGENIC DRUGS EXCEPT AS PRESCRIBED OR ADMINISTERED BY A PHYSICIAN LICENSED TO DISPENSE DRUGS IN THE PRACTICE OF MEDICINE ?
- G. EVER BEEN OR ARE YOU NOW A HABITUAL USER OF ALCOHOLIC BEVERAGES ?
- H. ANY FINANCIAL INDEBTEDNESS OR OBLIGATIONS WHICH YOU ARE UNABLE TO MEET AT THIS TIME ?

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

(15) ARE YOU NOW OR WITHIN THE PAST FIVE YEARS, HAVE YOU BEEN A MEMBER OF ANY GROUP, SOCIETY OR ORGANIZATION?
☐ YES ☒ NO (if yes, list below, but do not abbreviate)

NAME _____

CITY & STATE

FORMER PRESENT

POSITIONS HELD AND EXTENT OF ACTIVITY

~~(16) IN CASE OF EMERGENCY PLEASE NOTIFY:~~

NAME _____

RELATIONSHIP

Wife:

STREET ADDRESS

CITY AND STATE _____

TELEPHONE _____

PHYSICIAN Dr

ZIP CODE

(17) PHYSICIAN Dr. Gulam-Mohmed Kolia
ADDRESS 3A Seven Corners Professional Bldg., Falls Church, Va. 22044
TELEPHONE 532-3298

I AM AWARE THAT MAKING FALSE STATEMENTS ON THIS PERSONNEL STATUS AND SECURITY QUESTIONNAIRE MAY BE BASIS FOR DISMISSAL FROM THE FEDERAL BUREAU OF INVESTIGATION, AND CONSTITUTES A VIOLATION OF SECTION 1001, TITLE 18, UNITED STATES CODE. I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Robert D. Hummel
(signature)

SPECIAL AGENT IN CHARGE.
(title)

(F) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW OR PREVIOUSLY EMPLOYED BY THE FBI:

NAME	EXACT RELATIONSHIP	PRESENT EMPLOYEE	FORMER EMPLOYEE
	1st cousin		X

(G) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW IN GOVERNMENT SERVICE: (excluding FBI)

[illegible]

(H) ORGANIZATIONS: ALL EMPLOYEES list all organizations to which you presently belong - do not abbreviate. ONLY SPECIAL AGENTS list former membership in Boy Scouts or Girl Scouts (indicating exact rank attained) and affiliation with fraternities and sororities, honorary or professional groups while in college. NON-AGENTS need not list former memberships at any time.

[illegible]

(1) **CURRENT SCHOOL ATTENDANCE STATUS (NON-AGENTS only):** ARE YOU ATTENDING COLLEGE, OR ANY OTHER TYPE OF SCHOOL? ☐ NO ☐ YES INDICATE NAME OF INSTITUTION AND SUBJECTS IN WHICH ENROLLED.

N/A

(J) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME [REDACTED] RELATIONSHIP Wife
STREET ADDRESS [REDACTED]
CITY AND STATE [REDACTED] ZIP CODE [REDACTED]

Phone

(Signature)

SPECIAL AGENT IN CHARGE
(Title)

(Please type or print)

Name (As it appears on Bureau rolls) ROBERT G. KUNKEL		Date 5-1-69
Check one: SA <input checked="" type="checkbox"/> SAA <input checked="" type="checkbox"/>	Date of Birth	EOD 5-1-69

Education

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College Benjamin Franklin University	Wash. D. C.	1946	49	BCS in Accounting Major Accounting Minor Business Law
Graduate School				Major _____ Minor _____
Miscellaneous or Special Schools (Include Vocational and Radio Schools)				

List all college courses of 10 hours or more studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours

BARS: Federal _____ Year _____ State _____ Year _____ CPA (State) _____ Year _____
Other _____

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken	
						Yes	No

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
AVC-1 RECORDED	44		

[Signature]

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

Special Abilities

✓ Typing ability 60 W.P.M. Have you passed Bureau test? ☐ Yes ☐ No
 Shorthand ability _____ W.P.M. Have you passed Bureau test? ☐ Yes ☐ No
 Name of Shorthand system you use other than Gregg _____

Foreign Travel (Six Months or More)

List all foreign countries you have traveled in; in what capacity, and period there.

England and all European Countries with exception of Portugal, Spain & Italy, in capacity of serviceman - 1943-46; Japan, Philippines, Hong Kong as Asst. Legal Attache, Oct. 1957 to Dec. 1959.

Military Training

Active duty: Branch U. S. Air Force Dates of Service March 1943 to Feb. 1946 Rank Corporal

Specialized Military Training _____

Practical Experience in Radio

(State degree of proficiency and length of time spent)

Amateur Radio _____ Licenses Held _____
 Commercial Radio Operator _____
 Radio, Television or Sound Repairman or Technician _____
 Experimenter or other _____
 International Morse Code: Transmit _____ W.P.M. Receive _____ W.P.M.

Miscellaneous

List any other information, qualifications and accomplishments.

Bureau Specialized Schools:

Chinese Security

Administrative ✓

Administrative Firearms ✓

Chamfering

AFSAM-7

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
APPLICATION FOR EMPLOYMENT

DIRECTOR,

FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

Jasper, Indiana

May 4, 1942

Sir:

I hereby make application for employment in the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent (Law Trained) ..	<input checked="" type="checkbox"/>
Special Agent (Accountant) ...	<input type="checkbox"/>
Stenographer	<input type="checkbox"/>
Typist	<input type="checkbox"/>
Translator	<input type="checkbox"/>
Messenger	<input checked="" type="checkbox"/>
Laboratory Technician*	<input checked="" type="checkbox"/>
Student Fingerprint Classifier ..	<input type="checkbox"/>
Clerk	<input checked="" type="checkbox"/>

(This application should be typewritten if possible) (Indicate by check)

1. Name in full (please print) Kunkel Robert George
(Family name) (Given name) (Middle name)

(a) Female applicants must furnish maiden name

2. Legal Residence 111 East 4th Street, Jasper, Indiana

3. Mail and telegraphic address 111 East 4th Street Phone No. 337X

4. Complete date of birth May 17, 1924 Weight 175 Height 5' 8"

5. Place of birth 111 East 4th Street, Jasper, Indiana
(City) (County) (State)

6. (a) Father's name Theodore Kunkel (b) Father's birthplace Indiana

(c) Present address 111 East 4th Str. (d) If foreign born, is he a citizen?

(e) Date and place of naturalization

7. (a) Mother's name Lena Kunkel (b) Mother's birthplace Indiana

(c) Present address 111 East 4th Str. (d) If foreign born, is she a citizen?

(e) Date and place of naturalization

8. Brothers [Redacted]
(Complete names, birthplaces and present addresses)

Present Saint Mary's Mission House, Techney, Illinois

9. Sisters [Redacted]
(Include married)
Present Address [Redacted]

10. If you were not born in United States, how long have you lived here? Eighteen Years

11. Are you a citizen of the United States? Yes

12. If naturalized, date and place of naturalization 4 MAY 20 1941

13. Are you single, married, widowed, separated, or divorced? Single

14. (a) Maiden name of wife (b) Wife's birthplace

(c) Present address (d) If foreign born, is she a citizen?

(e) Date and place of naturalization

*Specify exact title of position sought as Laboratory Technician.
*Positions of Special Agent (Law Trained), Special Agent (Accountant),
Laboratory Technician, and Messenger for male applicants only.

See details on separate description sheets which will be furnished on request.

b6
b7C

67-221074-3
RECORDED
INDEXED
MAY 18 1942
FEDERAL BUREAU OF INVESTIGATION

15. (a) Husband's complete name _____ (b) Husband's birthplace _____
 (c) Present address _____ (d) If foreign born, is he a citizen? _____
 (e) Date and place of naturalization _____
16. (a) Father-in-law's name _____ (b) Birthplace _____
 (c) Present address _____ (d) If foreign born, is he a citizen? _____
 (e) Date and place of naturalization _____
17. (a) Mother-in-law's name _____ (b) Birthplace _____
 (c) Present address _____ (d) If foreign born, is she a citizen? _____
 (e) Date and place of naturalization _____
18. Brothers-in-law Mr. George F. Dieterle, Born-Owensboro, Kentucky.
 (Complete names, birthplaces and present addresses)
Present-121 Poplar Street, Owensboro Kentucky.
19. Sisters-in-law _____
 (Complete names, birthplaces and present addresses)
20. If your husband (or wife) is employed, state where employed _____
21. Number of children, if any _____
22. Are you entirely dependent on your salary? Yes.
23. To what extent are you financially indebted to others and to whom? None.
24. Education: (Please print.)

	NAME AND LOCATION OF SCHOOL	FROM—	TO—	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary	St. Joseph School	1930	1938	Graduation Diplomas
	Jasper, Indiana			
	Name			
(b) High school equivalent	Address Jasper High School			
	Jasper, Indiana	1938	1942	Commercial Course
	Name			
(c) College or technical *	Address			Graduation Diploma
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing				
(e) Miscellaneous *				

* Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

25. Give names of clubs, societies, and other similar organizations of which you are a member:

Boy Scouts of America, Cub Scouts of America

Sub-Deb Squire Society

26. Have you been admitted to the Bar, if so specify.

(Furnish Date and Place)

27. Describe any physical defects, including extent of defective vision, if any, with and without glasses (Spellen). No physical defects, except that I wear glasses continually.

28. Health record for the past 3 years (give number of days and nature of serious illness):

NONE

29. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM	TO	ANNUAL SALARY
Name Hebelhor's Barber Shop Address North Jackson Street	Part Time Shoe Shiner	1933	1936	✓
Name Indianapolis News Address Taugher, Vincennes, Ind	News-paper Carrier	1936	1937	✓
Name Garnett Stewart Address Model Shoe Shop, Jasper	Shoe Repair Shine Boy	1937	1941	✓
Name Wilbur G. Siebert Address The Modern, Jasper	Clerk Part Time Pressor	1941	Present	\$350.00
Name Clothing Store Address	Before and after School		and on Saturdays	
Name Address				
Name Address				
Name Address				
Name Address				

30. Specify any arrests (include traffic arrests). None

31. Specify any arrests of immediate family. None

32. Have you ever been a defendant in any court action?

Specify:

33. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women, including your family physician, if you have one, of good standing in

33. (continued)

community, and who have known you well during the past 5 or more years. (Please print)

b6
b7C

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS
[REDACTED]	JASPER	Six	
[REDACTED]	[REDACTED]	Seven	
[REDACTED]	[REDACTED]	Seven	
[REDACTED]	[REDACTED]	Five	
[REDACTED]	[REDACTED]	Twelve	

34. Give residence addresses and dates of residence for the past ten years.

111 East Fourth Street, Jasper, Indiana

35. List the names of any relative now in the Government service, with the degree of relationship, and where employed: [REDACTED] First Cousin

36. What is the lowest entrance salary you will accept? No Object

37. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? Yes. No notice required.

38. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice?

repared to accept assignment or transfer to any part of the
red, for either temporary or permanent duration? Yesnot larger than 3 by 4 inches. Write your name plainly on back
more than 30 days prior to date of application.
sidered complete if such photograph not furnished)

Respectfully,



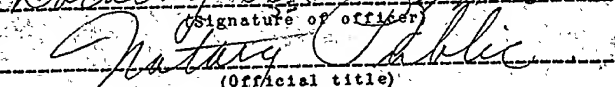
(Signature of applicant as usually written)


NOTE.—If the applicant desires to make any further remarks or statements
regarding his qualifications or in answer to any question contained in the applica-
tion, the same should be made on a separate sheet of paper, numbering the remarks
in accordance with the original questions.

scribed to by all applicants for positions in the Federal Bureau
of Investigation, this is the day of

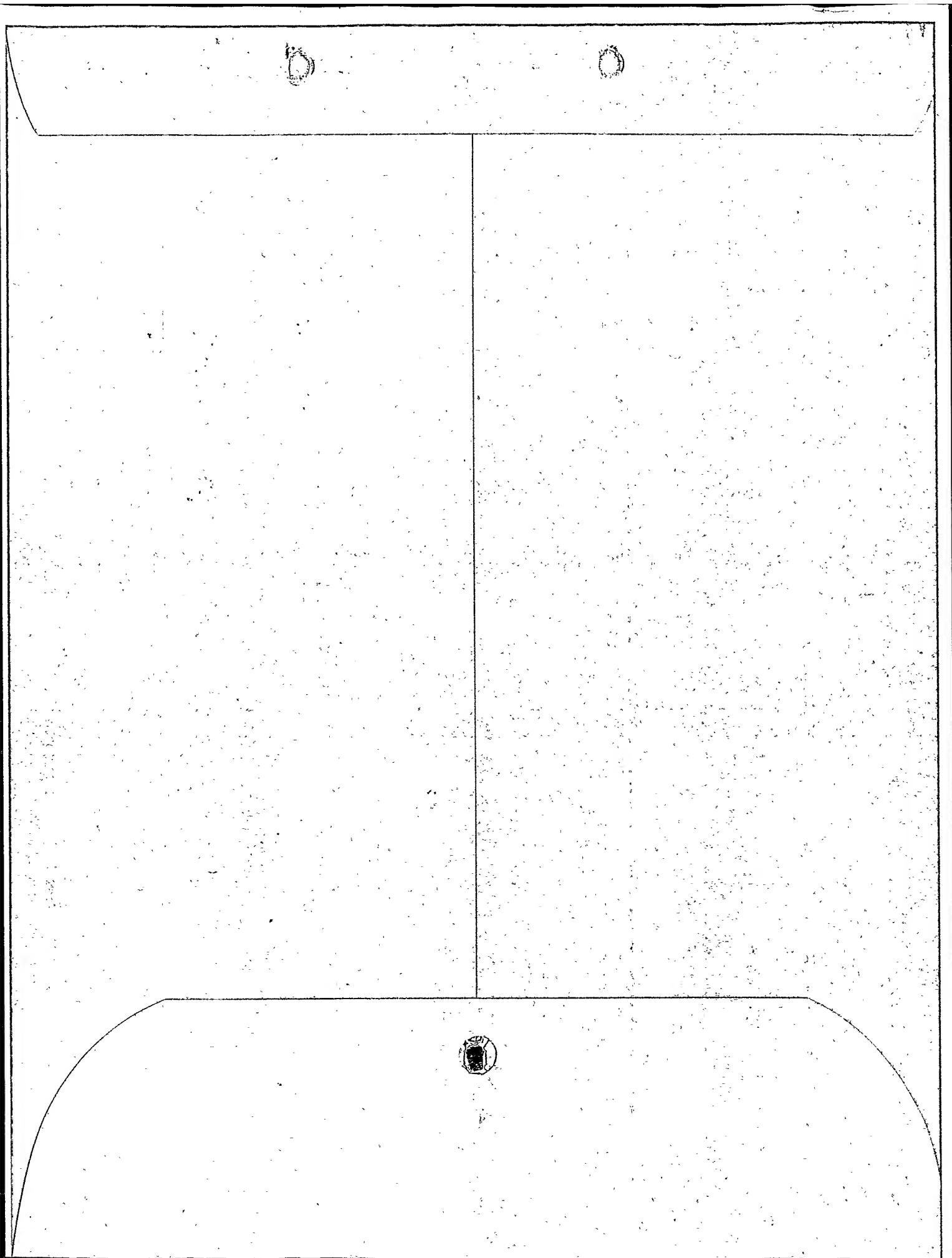
of May, 1912, at city (or town) of Jasper, county
of Dubois, and State (or Territory or District) of Indiana

[OFFICIAL IMPRESSION SEAL]



(Signature of officer)
Notary Public
(Official title)

Application will not be considered complete if above jurat not executed.



ROBERT G. KUNKEL

25/74



ROBERT G. KUNKEL

71

AUG

1949

139

31



Robert H Kientzel

12/23/58

29



6-17-70

#85

Robert G. Kunkel
5-1-69



Robert G. Kunkel

JUL 1 1955

6-5-80



Robert G. Dunkel

SAC.

10-15-75

JULY

155

28

80%

as is



Robert G. Kunkel
5-70

#44
service
0527

#2/3

Kunkel, Robert L.

Hollinger Corp.
pH 8.5



8-1-69
Hep

ROBERT G. KUNKEL
5-1-69



Robert G. Kunkel

AUG 30 1961



ROBERT G. KUNKEL
10-8-62

#61

2

9



Robert J. Menkel

1-27-65

1-27-65

SAC, Alexandria

2/24/78

Director, FBI

PERSONAL ATTENTION

ROBERT G. KUNKEL
SPECIAL AGENT IN CHARGE
PHYSICAL CONDITION

FBIHQ is in receipt of your doctor's statement regarding your physical condition. In light of the nature of your illness, it will be necessary that you also be certified by a Government doctor and a physical at your Government medical facility will be scheduled at your earliest convenience. Insure the doctor is aware of the duties and demands of the Special Agent position and the details of your recent medical history.

Obtain oral results of this examination and advise FBIHQ on a UACB basis regarding resumption of full duties following results of this examination.

JWK:tlb

(6)

1 - Mrs. Collins

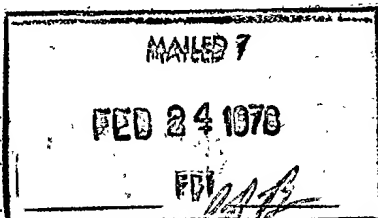
1 - Mr. Williamson

NOTE: SAC Kunkel provided doctor's statement dated 2/14/78 to effect, "It is certified that Mr. Robert G. Kunkel is qualified for strenuous physical exertion and use of firearms." Bureau policy has been to require second opinion from government doctor in heart attack cases wherein the private doctor certified for return to full duty. SAC Kunkel, who is in a limited duty status at this time, has vigorously questioned the need for a government physical examination in light of the certification provided by his private physician.

67-334343-478

Searched.....	Numbered.....
2 MAR 15 1978/9	

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____



APPROVED:

Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____

Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____

94 JWK
MAR 20 1978
MAIL ROOM

FBI/DOJ

RECEIVED
FEB 24 1978
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

FEB 24 8 00 AM '78

RECEIVED
FEB 24 1978
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



mb
19
United States Department of Justice

UNITED STATES ATTORNEY
EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA, VIRGINIA WBC:JWW:jg

Telephone
703-557-9100
(FTS-557-9100)

Address Reply to
The United States Attorney
117 South Washington Street
Alexandria, Virginia 22314

February 27, 1978

Honorable William H. Webster
Director
Federal Bureau of Investigation
9th and Pennsylvania Ave., N. W.
Washington, D. C. 20530

b6
b7C

Re: United States v. [REDACTED]
Criminal No. 77-199-A
Commendation of Special Agent In Charge
Robert G. Kunkel

Dear Judge Webster:

The United States Attorney's Office at Alexandria wishes to express our appreciation to Special Agent in Charge Robert G. Kunkel for his assistance and support during the investigation and trial of the case of United States v. [REDACTED] in United States District Court in Alexandria.

Shepherd, a United States Park Policeman, was convicted in United States District Court in Alexandria of interstate travel in aid of racketeering, attempted abduction on a government reservation and two counts of solicitation of the commission of a felony on a government reservation. The defendant, while a policeman, plotted to kidnap Mr. or Mrs. J. Willard Marriott, Sr. of the Marriott Corporation and hold one of them for \$500,000 ransom. The investigation commenced in July 1977, with the trial itself running from October 26-November 3, 1977.

Special Agent in Charge Kunkel coordinated the investigation and wisely committed all necessary manpower to insure that every lead was covered and that any resources requested by us in preparation for trial were speedily supplied. Mr. Kunkel's personal contact and skilful liaison with the intended victims

REC-132

67-334343-4779
Searched..... Numbered.....
2 MAR 15 1978



CORRESPONDENCE
PERS. REC. UNIT

REVID-CORR & TOURS
MAR 7 2 33 PM '78

Hon. William H. Webster
Page two
February 27, 1978

of the plot insured their cooperation and testimony at trial despite their concern for their personal safety and the publicity which the investigation generated.

In our opinion the investigation and prosecution was a model of effective cooperation between the Bureau and a U. S. Attorney's Office. Special Agent in Charge Kunkel should be commended for his leadership in this joint effort.

Yours very truly,

WILLIAM B. CUMMINGS
United States Attorney

Justin W. Williams

By: Justin W. Williams
Assistant United States Attorney
Chief, Criminal Division

Robert G. Kunkel
SAC - Alexandria

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/9/78

FROM : SAC, ALEXANDRIA

Attention: Personnel Section

SUBJECT: ROBERT G. KUNKEL 85-17, 10-27-71
SPECIAL AGENT IN CHARGE
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☒ ReBulet 2/24/78☒ Re physical examination 3/9/78☐ Dental work was completed on _____☐ Vision has been corrected to _____

Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates employee is: ☐ Qualified for strenuous physical exertion and use of
firearms; ☐ Qualified for firearms, exclusive of defensive tactics. SAC concurs, ☐ Yes ☐ No. If answered
no, explain under remarks.☐ Future participation in firearms is remote and weapon will be returned to the Bureau.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☐ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☒ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and
are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and
immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

On 3/9/78, Dr. WOHLMAN, Walter Reed Army Medical Center, certified
captioned employee is qualified for strenuous physical exertion
and has no defects restricting or prohibiting his participation
in defensive tactics and dangerous assignments which might entail
the practical use of firearms. Employee knows he must wear
corrective glasses while operating a motor vehicle.

67-NOT RECORDED

Enclosure

11-1-Bureau
11-APAL-1978a

(2)

Permanently from limited
duty 3-9-78
3-22-78No record of this
man.

11 MAR 10 '78

RECEIVED
FINANCE &
PERSONNEL DIV.
FBI

MAR 10 10 05 PM 1978

(alex.)
REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL ROBERT G.			2. GRADE AND COMPONENT OR POSITION SAC B.I.		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION Annual Re		6. DATE OF EXAMINATION 9-MARCH-78
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 17-may-24			13. PLACE OF BIRTH IND.		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS WRAME			16. OTHER INFORMATION SS# - 316-16-9003		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

29 7dy mt 12/10/77 Full recovery

38 diag. clays D. spine
moderate Kyphoscoliosis

ENCLOSURE

REC-130

67-334343-480
Searched..... Numbered.....
8 APR 17 1978
(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
0 1 2 3 Restorable 32 31 30 teeth				1 2 3 Non- 32 31 30 restorable teeth				1 2 3 Missing 32 31 30 teeth				x x x Replaced 1 2 3 by 32 31 30 dentures				x x x Fixed 1 2 3 Partial 32 31 30 dentures			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E		
G																			
H																			
T																	T		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
class - III

45. URINALYSIS: A. SPECIFIC GRAVITY 1.003				46. CHEST X-RAY (Place, date, film number and result) See															
B. ALBUMIN NEG				D. MICROSCOPIC ESS-NEG				316-16-9003-report											
C. SUGAR NEG				47. SEROLOGY (Specify test used and result) ART-NON-REACTIVE				48. EKG See report				49. BLOOD TYPE AND RH FACTOR =				50. OTHER TESTS See S.M.A.L. CHIT Report			

3 APR 24 1978

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5-9		52. WEIGHT 167 1/2		53. COLOR HAIR grey		54. COLOR EYES brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98.2																																										
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																																
A. SITTING SYS. 110 DIAS. 70		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 70		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																																								
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION																																										
RIGHT 20/40 + CORR. TO 20/40						BY S. CX						J-1+ CORR. TO BY																																										
LEFT 20/200 CORR. TO 20/40						BY S. CX						J-1+ CORR. TO BY																																										
62. HETEROPHORIA (Specify distance)														63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																														
ES° EX°														RIGHT LEFT		Pip - passed				CORRECTED																																		
66. FIELD OF VISION														67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION																																
70. HEARING														71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV /15 SV /15														<table border="1"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>X 5</td> <td>5</td> <td>20</td> <td>20</td> <td>25</td> <td>X</td> <td>X</td> <td></td> </tr> <tr> <td>LEFT</td> <td>X 5</td> <td>5</td> <td>5</td> <td>5</td> <td>20</td> <td>X</td> <td>X</td> <td></td> </tr> </table>											250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	X 5	5	20	20	25	X	X		LEFT	X 5	5	5	5	20	X	X		Schiotz 122/122			
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																																														
RIGHT	X 5	5	20	20	25	X	X																																															
LEFT	X 5	5	5	5	20	X	X																																															
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																						

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

(See # 25 on 93 Form)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE																	
						<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						P	U	L	H	E	S						
P	U	L	H	E	S																		
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY																	
A. <input type="checkbox"/> IS QUALIFIED FOR																							
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																							
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						A	B	C	E								
A	B	C	E																				
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
						J. L. Mader																	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
						CL Mader LTC DC																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE																	
Carson L. Mader, LTC, DC						CL Mader LTC DC																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE						NUMBER OF ATTACHED SHEETS											

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

PHYS EXAM SECT, DCCHCS

Kunkle, Robert H.
Cw/IB1AGE
53SEX
M

(Check one)

☐ BEDSIDE, WHEELCHAIR
OR STRETCHER☐ BED
PATIENT☒ AMBULATORY

EXAMINATION REQUESTED

Chest

316-16-9003

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual Pe.

FILM NO.

DATE OF REQUEST

March 28

REQUESTED BY

JOSEPH I. WOLLMAN, M.D.

RADIOGRAPHIC REPORT

Moderate kyphoscoliosis & degenerative Arthritis
thoracic spine and minimal degenerative disc disease.
Few scattered calcified granuloma (TA).
Unchanged since last examination September 1977.

11:33

Joseph Sherman M.D. / JWS

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

W.R.A.M.C.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-20767-334343-480
ENCLOSURE

DICAL SYSTEMS DEVELOPMENT LABORATORY
COMPUTER PROCESSED ELECTROCARDIOGRAM
WALTER REED ARMY INSTITUTE OF RESEARCH

E KUNKEL, ROBERT

ID 00316169003 TAPE WRGH DATE 09MAR 78 WARDNO 097 SEC. 10
YR S/R CODE 1 MALE 5 FT 9 IN 167 LBS REMARKS

P62

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
	.07	.10	-.08				.05	.06	.07	.05	.05	.07
	.12	.10	.00				.05	.08	.09	.08	.06	.07
	.00	.00	.10				.00	.00	.00	.00	.00	.00
	.00	.00	.06				.00	.00	.00	.00	.30	.00
A	.00	-.32	-.03				.00	.00	.00	.00	-.05	-.07
D	.00	.03	.06				.00	.00	.00	.00	.02	.03
	.42	.43	.00				.25	.41	.41	1.25	1.31	.76
	.04	.05	.00				.03	.03	.04	.05	.03	.03
	-.07	.00	-.49				-.74	-1.04	-1.10	-.64	-.26	-.06
	.04	.00	.04				.07	.07	.07	.04	.04	.03
	.00	.00	.27				.00	.00	.00	.00	.00	.00
J	.00	.00	.04				.00	.00	.00	.00	.00	.00
O	.03	.00	.00				.06	.03	.07	.00	-.02	-.01
H	.02	.01	-.02				.08	.10	.12	.05	-.01	.03
E	.06	.01	-.03				.09	.13	.17	.10	.03	.01
	.22	-.09	-.29				.21	.66	.79	.76	.46	.20
	.16	.14	.20				.14	.14	.14	.15	.12	.10
S	.08	.08	.14				.10	.10	.11	.09	.09	.09
	.39	.36	.48				.41	.40	.42	.40	.39	.41
TE	68	69	67				73	73	73	68	68	69
ODE	30E	40E	2	A	A	E	3	3	3	2	2	3
AL	98	96	104				98	96	104	98	96	104

KIS IN P QRS T Q R S STO ST-T QRS-T
EGREES 5 -13 -46 214 32 264 33

WRGH VERSION
E2 31DEC1975

2+13 ATYPICAL QRS OR ARTIFACTS : EXCLUDE PREMATURE CONTRACTIONS
2021 QRS VARIABLE 2 LEADS : EXCLUDE PREMATURE CONTRACTIONS
5533 BORDERLINE Q OR QS : POSSIBLE OLD INFARCT DIAPHRAGMATIC
2 LEADS 2, 3, AVF
8311 QRS AXIS RANGE -10 TO -30 : Antecedent Inferior M.I.
3 LEADS NOT MEASURED : Occas PVC

see 300 fam
see 88 fam
+ 93 fam
HX of M.I.

BORDERLINE ECG
BASED ON AVAILABLE LEADS

Ammon
67-334243-1
ENCLOSURE
M.D.

**Attachment Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee _____
(Type or print)

KUNDEL

Last

ROBERT

First

G.

Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-334343-480

ENCLOSURE

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: Full duty as Rec of Pvt MD

J. I. WOLLMAN, M.D.

J. I. Wollman
Signature of Medical Examiner

9 MAR 1978

Date



WALTER REED ARMY MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
WASHINGTON, D.C. 20012

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TECHNICON CHART NO. 033-0757-01A

316-16-9023 Kunkel, Robert
DOCTOR'S NAME
REMARKS
DATE/TIME
SEQUENCE NO.

JOHN M. HARDMAN, COL, MC
CHIEF, DEPT. PATHOLOGY

3.0 5.5	Albumin	4.0	g/dl	Inorganic Phosphorus	3.0	mg/dl	2.5 4.2
30 115	Alkaline Phosphatase	65.	U/L	LDH	159.	U/L	60 200
0.2 1.2	Total Bilirubin	0.5	mg/dl	Potassium	3.8	meq/L	3.5 5.0
8.5 10.5	Calcium	9.7	mg/dl	Total Protein	6.7	g/dl	6.0 8.5
20 30	Carbon Dioxide	29.	meq/L	SGOT	19.	U/L	0 41
86 106	Chloride	106.	meq/L	SGPT	20.	U/L	0 45
150 330 > 40 YRS	Cholesterol	167.	mg/dl	Sodium	140.	meq/L	136 145
140 270 < 40 YRS	CPK	66.	U/L	Urea Nitrogen	16.	mg/dl	10 26
0 225	Creatinine	1.2	mg/dl	Uric Acid	6.1	mg/dl	3.0 8.0 MALE
0.2 1.5	Glucose	77.	mg/dl	Triglycerides	91.	mg/dl	2.2 7.7 FEMALE
85 125 > 50 YRS							30 135
70 115 < 50 YRS							

ENCLOSURE
286-5088-480



REC-132

March 14, 1978

Honorable Justin W. Williams
Assistant United States Attorney
Chief, Criminal Division
Eastern District of Virginia
117 South Washington Street
Alexandria, Virginia 22314

Kunkel, Robert G.

Dear Mr. Williams:

It was good of you to write on February 27th and express appreciation for Special Agent in Charge Kunkel's assistance in the case involving [redacted] It is certainly a pleasure to receive communications such as yours during my first few weeks in office, and I will pass your comments along to Mr. Kunkel. I am sure he will join me in thanking you for your thoughtfulness in writing.

b6
b7C

Sincerely yours,

[Signature]
William H. Webster
Director

1 - Alexandria - Enclosure
Personal Attention SAC.

NB:jmh (4)

MAILED 17
MAR 14 1978
FBI
Asst. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

APPROVED: _____

Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____

Ident. _____
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Tech. Servs. _____
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[Handwritten initials]

94

MAR 20 1978 MAIL ROOM

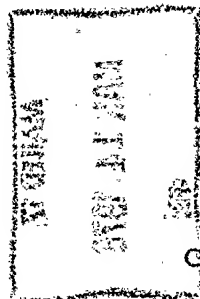
MAR 13 3 36 PM '78

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READING ROOM
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ASSOCIATE DIRECTOR
FBI



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READING ROOM
FBI



1 - Mr. Theisen
1 - Mr. Herold

**FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535**

To: SAC, WFO (67-0)

3/9/78

From: Director, FBI

FBI FILE NO. (66-0)

LAB. NO. 80224050E QE

Re: *G*
SAC ROBERT KUNKEL
PERSONNEL MATTER

Examination requested by: SAC, WFO

Reference: Airtel dated 2/24/78

Examination requested: Engineering

Remarks:

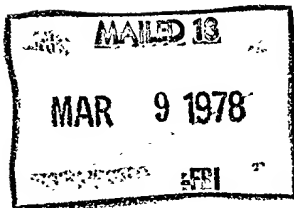
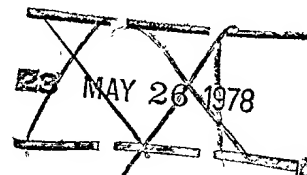
Enclosures (2) (2 Laboratory reports)

67-334343-487

REC-148

67	Numbered
Searched	6 JUN 29 1978

NH:kgb
(5)



PERS. INFO UNIT

ADMINISTRATIVE PAGE

21
JUL 20 1978

MAIL ROOM ☒

TELETYPE UNIT ☐

REPORT
of theFEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

To: SAC, WFO (67-0)

3/9/78

FBI FILE NO. 66-0)

LAB. NO. 80224050E QE

Re: SAC ROBERT KUNKEL
PERSONNEL MATTER

Specimens received 2/24/78

Q1 One cassette tape

Results of examination:

Two direct copies of Q1 were made on cassette
tapes (one each).

Q1 and the direct copies of Q1 are being forwarded
to WFO via personal delivery to SA

b6
b7CNH:kgb
(5)*Kap*

7-2
RECORDED

2/24/78

lw

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Laboratory Work Sheet

To: SAC, WFO (67-0)

FBI FILE NO.

LAB. NO. 80224050 E QE

Re: SAC ROBERT KUNKEL
PERSONNEL MATTER

YOUR NO.

Examination by

b6
b7C

Examination requested by: SAC, WFO

Reference: Airtel dated 2/24/78

Examination requested: Magnetic tape

Specimens received: 2/24/78

Q1 One cassette tape

TWO COPIES (ONE EACH)
MADE ON MAXELL C-45'S
(1/4 TRK 2 TRK MONO)
ONE SIDE
USING TANDBERG
TCD 310
Lab rpt to WFO
3/9/78
NH:Kop

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: ROBERT G. KUNKELWhere Assigned: Alexandria
(Division)

(Section, Unit)

Official Position Title and Grade: Special Agent in Charge, GS-17Rating Period: from 4/1/77 to 3/31/78ADJECTIVE RATING: SATISFACTORY
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's
Initials

Rated by:

James B. Adams
SignatureAssociate Director
Title4/1/78
Date

Reviewed by:

Signature

Title

Date

Rating Approved by:

William H. Webster
SignatureDirector
Title4/1/78
Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 90-Day
☐ Transfer
☐ Special

REC-143

67-334343-482
Searched..... Numbered.....

4 AUG 4 1978

69
5 AUG 10 1978

THREE

UNITED STATES GOVERNMENT

Memorandum

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

TO : THE DIRECTOR

DATE: 4/7/78

FROM: L. COLWELL

SUBJECT: SAC ROBERT G. KUNKEL
ALEXANDRIA DIVISION

PURPOSE:

To report results of interview of SAC Robert G. Kunkel by Assistant Director Colwell on 4/6/78 and 4/7/78.

DETAILS:

Because both SAs [] and [] raised the issue in their letters to the Director dated 3/6/78 and 3/20/78 respectively that SAC Kunkel had advised all agents at a conference after the meeting with Bureau officials that he had been told it had been determined there was no substance to any of the complaints made against him during the inspection in June, 1977, and for the purpose of informing SAC Kunkel of the receipt of these letters, he was interviewed on 4/6-7/78 by Assistant Director Colwell.

Mr. Kunkel, after being advised of receipt of the letters and their general nature, stated he was unaware that the letters had been prepared and that he thought the whole issue regarding the agents' complaints in 1977 had been totally refuted and put to rest.

Mr. Kunkel was requested to respond in writing to the allegation of SA [] in his letter of 4/2/78 that SAC Kunkel was responsible for his removal as a lecturer to a Business Frauds Seminar at the FBI Academy during the week of 4/3-7/78. SAC Kunkel did so in memorandum to me dated 4/6/78 and explained the circumstances surrounding the removal of SA [] from this school. SAC Kunkel indicated that neither he nor any supervisor of the Alexandria Division had been contacted regarding the proposed lecture by SA [] at this seminar. Independent inquiry by Inspector [] with appropriate FBI officials as reported in memorandum Colwell to the Director dated 4/5/78 confirms statements of SAC Kunkel with regard to this allegation.

LC:crt (2)

67-334245-483

Searched.....	Numbered.....
1 JUN 9 1978	



5

JUN 13 1978

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

Memorandum to the Director
Re: SAC ROBERT G. KUNKEL

SAC Kunkel stated that he had held a conference with all agents after his meeting with Assistant Director DeBruler to advise all agent personnel of the Alexandria Division that he had been vindicated and there was no substance to the complaints made against him. He stated he deemed this necessary since he was never told that any of the complaints were found to be true or that he had done anything wrong. At this point in the discussion, a point-by-point reference was made to the contents of Mr. DeBruler's memorandum dated 8/1/77 reporting the details of the conversation with SAC Kunkel. SAC Kunkel stated that he was not told that he may have had an overly strict interpretation of the authority vested in him as SAC which, in turn, contributed to a morale problem to some people in his office. He stated he was not informed that he had done anything wrong and, as a matter of fact, when he left the meeting with Mr. DeBruler and Inspector [] he was under the impression that the inquiry had failed to confirm that there was any substance to the complaints lodged against him by the agents in his division. Subsequently, he stated he was separately informed by two of the members who sat on the ad hoc committee that he had been vindicated and that there was no substance to the complaints made against him by the agents of the Alexandria Division. In addition, he stated he was telephonically contacted by then Associate Director Richard G. Held, invited to FBIHQ for lunch, and during the telephone conversation was told that he had been vindicated and that there was no substance to the allegations made by the agents. In view of the fact that then Assistant Director DeBruler had not told him that he had done anything wrong or that there was any validity to the allegations made by the agents, he felt he had a responsibility to advise the agent personnel of the Alexandria Division. He then announced before all agents of the Alexandria Division that the inquiry had determined that there was no substance to the allegations. b6 b7C

Mr. Kunkel's statement as to his interpretation of what Assistant Director DeBruler told him is in conflict with the memorandum prepared by Mr. DeBruler reporting what he discussed with Mr. Kunkel.

I then advised Mr. Kunkel, point by point, of the findings of the ad hoc committee reported in Mr. Adams memorandum to the Director dated 7/13/77. Mr. Kunkel stated that he had never been told that there were weaknesses in his personnel management policies or offered any constructive suggestions for improvement. He stated that no mention had been made to him regarding his relationship with the U. S. Attorney. He stated that no one had ever mentioned to him Director Kelley's request that he be counseled regarding Kunkel's plans to rectify the impression that he was somewhat of a martinet.

Memorandum to the Director
Re: SAC ROBERT G. KUNKEL

During the discussions I had with SAC Kunkel on 4/6/78 and 4/7/78, which lasted approximately five hours, I discussed with him the allegations made by the agents which are enumerated below, all in the area of personnel management policies.

- (1) Improper denial of annual leave.
- (2) Punitive reassignment of personnel inconsistent with investigative strengths.
- (3) Harassment of and conflicts with office personnel leading to severe morale problem.
- (4) Improper pressure to perform overtime.
- (5) Strained relationship with office of United States Attorney.
- (6) Application of improper pressure on clerical employees to accept certain clerical positions.
- (7) Intimidation of Inspector's Aide during 1976 inspection.

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Mr. Kunkel stated that he felt he had, through his memorandum to Inspector [] in 1977, proven all allegations false. He indicated that he had attempted to adopt a different management style because he was always looking for better methods of handling people. During this discussion he agreed that he should give SA [] an opportunity to work in the white-collar crime area and prepared a memorandum to me on 4/6/78 indicating this intention, which he later requested be withdrawn on the morning of 4/7/78.

At the conclusion of our discussion on 4/6/78, SAC Kunkel indicated that he would try, through personal contact, to overcome the bad feelings on the part of the complaining agents currently assigned to the Alexandria Division regarding him as SAC. I indicated to Mr. Kunkel that I would prepare a memorandum reporting the results of our conversation and I desired to review it with him on 4/7/78 in my office.

At approximately 8:45 a.m., 4/7/78, SAC Kunkel called and wanted to see me as soon as possible and we set up a meeting at 10:00 a.m. When he arrived in my office he stated he had reconsidered comments he had made in our meeting on 4/6/78 and decided that he could not do anything

Memorandum to the Director
Re: SAC ROBERT G. KUNKEL

about the situation in Alexandria since he did not feel that he had done anything wrong and that insofar as he was concerned his actions had been justified. We again had a discussion concerning the allegations, the meeting between him and Mr. DeBruler, his contact with two members of the ad hoc committee reviewing the entire situation, the instructions of then Director Kelley, and the findings of the ad hoc committee. Mr. Kunkel stated that he viewed my statements concerning his performance as SAC as merely an interpretation of the ad hoc committee's recommendation and that he desired a point-by-point statement from the ad hoc committee pointing out specifically what his deficiencies had been.

I told Mr. Kunkel that I would bring to the attention of Associate Director Adams, who chaired the ad hoc committee, his request and that I would be back in touch with him at the earliest possible date.

Memorandum

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

TO : THE DIRECTOR

DATE: 4/5/78

FROM : L. COLWELL

SUBJECT: SA [REDACTED]
SA [REDACTED]
ALEXANDRIA DIVISIONb6
b7CPURPOSE:

To set forth recent developments in matter concerning
SAs [REDACTED] and [REDACTED] Alexandria Division, in
connection with their complaints against the SAC and ASAC of that division.

DETAILS:

Memorandum L. Colwell to the Director dated 3/27/78 (copy attached) sets forth a summary of the complaints brought against Alexandria SAC Robert G. Kunkel and then ASAC James R. Healy (now SAC at Norfolk) by nine Special Agents during the inspection of the Alexandria Division in June, 1977. Two of the nine complainants, SAs [REDACTED] and [REDACTED] have recently written letters to the Director indicating that they are still concerned with issues raised during the 1977 inspection. Both agents are concerned with what they feel to be a less than adequate or responsive grievance procedure. It was recommended and approved by the 3/27/78 memorandum that SAs [REDACTED] and [REDACTED] be invited to FBIHQ to meet with Assistant Director Lee Colwell and Inspector [REDACTED] of the Planning and Inspection Division so that this matter can be discussed in full.

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On 4/5/78, SA [REDACTED] agreed to come to FBIHQ at 10:30 a.m. on 4/6/78 to discuss this matter.

On 4/4/78, SA [REDACTED] advised Inspector [REDACTED] that he would come to FBIHQ on 4/6/78 in connection with his complaints. It is noted that on 4/4/78 a second letter was received from SA [REDACTED] alleging that SAC Kunkel had [REDACTED]

RSY:crt
(3)1 - Mr. Colwell
1 - Mr. Young

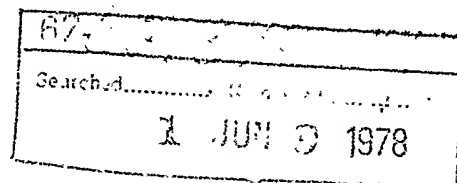
HANDLED SEPARATELY

Enc.



JUN 15 1978

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



Memorandum to the Director

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Re: SA [redacted]

SA [redacted]

what [redacted] described as a "completely retaliatory and senseless way." The receipt of both letters from SA [redacted] was acknowledged by Inspector [redacted] on 4/4/78. On 4/5/78, SA [redacted] contacted Inspector [redacted] and advised that upon reconsideration he feels that further discussion with members of the Planning and Inspection Division or other FBIHQ personnel would be to no avail. SA [redacted] stated that his sole desire at this time is to meet personally with the Director to discuss his problems with SAC Kunkel.

In connection with SA [redacted]

[redacted] Deputy Assistant Director Edward L. Campbell, Jr., Training Division, advised that SA [redacted] together with a second Alexandria agent, did, in fact, lecture at [redacted]

[redacted]. In March, 1978, SA [redacted] and the second Alexandria agent were recontacted by a member of the Economic and Financial Crimes Training Unit to determine if they would be available for another seminar to begin 4/3/78. Both agents apparently indicated their availability. However, SAC Kunkel, who had not been contacted at this point but who apparently became aware of the situation, made inquiry of several FBIHQ personnel and was finally placed in touch with Mr. Campbell. Mr. Campbell explained to SAC Kunkel that the seminar was in its planning stages and consideration was being given to the utilization of two Alexandria agents, SA [redacted] and a second Alexandria agent who is actually assigned business fraud cases (SA [redacted] currently assigned to applicant matters). According to Mr. Campbell, SAC Kunkel did not insist on the removal of SA [redacted] from this assignment but was concerned over (1) the removal of two of his agents for several days; (2) the press for applicant recruiting in which SA [redacted] was involved; and (3) the fact that the second Alexandria agent had greater expertise in this area than did SA [redacted]. Mr. Campbell indicated that he was certain that he could have received SAC Kunkel's permission to use both agents if he had insisted, but he agreed with SAC Kunkel that the one agent experienced in business fraud matters would suffice in this instance. An airtel to this effect was directed to the Alexandria Division.

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Memorandum to the Director

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Re: SA [redacted]
SA [redacted]

It is further noted that SA [redacted] and others have received under the FOIPA a substantial number of documents relative to the complaints furnished to the inspection staff in June, 1977. Certain portions of these documents were blocked out and an administrative appeal relative to these blocked out portions is currently being decided by the Department. On 4/5/78, SA [redacted] indicated that if the administrative appeal is not successful suit will be filed in court seeking the excised material.

SA [redacted] was advised that his desire to discuss this situation with the Director would be brought to the Director's attention.

FBI

TRANSMIT VIA:

☐ Teletype
☐ Facsimile
☒ Airtel

PRECEDENCE:

☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION:

☐ TOP SECRET
☐ SECRET
☐ CONFIDENTIAL
☐ E F T O
☐ CLEAR

Date 5/2/78

Assoc. Dir.
 Dep. AD Adm.
 Dep. AD Inv.
 Asst. Dir.:
 Adm. Serv.
 Crim. Inv.
 Ident.
 Intell.
 Laboratory
 Legal Coun.
 Plan. & Insp.
 Rec. Mgmt.
 Tech. Servs.
 Training
 Public Affs. Off.
 Telephone Rm.
 Director's Sec'y

TO: DIRECTOR, FBI
 (ATTN: ASSISTANT DIRECTOR,
ADMINISTRATIVE SERVICES DIVISION)

FROM: SAC, ALEXANDRIA (66-95)

SAC PERFORMANCE RATINGS

ReButel, 4/28/78.

Robert G. Kunkel

All major accomplishments of the Alexandria Division during rating period are attributable to collective administration of the office by SAC, ASAC, and three Supervisory Special Agents. The goals of all personnel are and have been to continue work toward the priorities established by the Bureau and to perform every service to the best of their ability.

REC-143

67- 334343-483 X
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 3 OCT 17 1978

2 - Bureau
 1 - Alexandria

RGK:IAT
 (3)

3-9pk

3 NOV 2 1978

Approved: _____ Transmitted _____ (Number) _____ (Time) Per _____

ADMINISTRATIVE
SERVICES
DIVISION

MAY 3 9 20 AM '78

5/3/78

THE DIRECTOR

4/21/78

L. COLWELL

SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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Reference is made to L. Colwell memorandum to the Director dated 3/27/78, captioned as above, which sets forth pertinent background information (attached).

PURPOSE:

To advise of results of interviews with SA [REDACTED] and SAC Kunkel; to report that SA [REDACTED] declined to discuss this matter with me as approved by memorandum of 3/27/78; to advise of receipt of an additional letter from SA [REDACTED] wherein he claims his recent removal from an instructional assignment at Quantico by SAC Kunkel was done in a "completely retaliatory and senseless way" and requested to meet and personally discuss his problem with the Director; to provide details regarding the background of SA [REDACTED] latest claim; and to submit recommendations as to the disposition of this matter.

SYNOPSIS:

Attached memorandum from L. Colwell to the Director of 3/27/78 set forth background information regarding handling of complaints which were made against SAC Kunkel during 1977 inspection; reported SAs [REDACTED] and [REDACTED] had written to the Director indicating they were still concerned about the issues that were raised during 1977 inspection and what they feel to be a lack of adequate or responsive grievance procedures; and recommended SAs [REDACTED] and [REDACTED] be invited to FBIHQ to meet with me to discuss this matter in full. Recommendation was approved. On 4/6/78, SA [REDACTED]

Enc.

HRH:imt (8)

- 1 - Mr. Adams
- 1 - Mr. Long
- 1 - Mr. Colwell
- 1 - Mr. Biamonte
- 1 - Mr. Johnson
- 1 - Personnel File of SA [REDACTED]

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b7c

67-NOT RECORDED of SAC Robert G. Kunkel

1 JUN 6 1978

CONTINUED - OVER

Memorandum to The Director

RE: SA [REDACTED]
SA [REDACTED]
ALEXANDRIA DIVISION

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appeared at FBIHQ by invitation to discuss this matter with me and Inspector [REDACTED] to resolve his concerns. SA [REDACTED] indicated satisfaction with the discussion. SA [REDACTED] on 4/4/78, advised he would also accept invitation to discuss this matter with me; however, on 4/5/78, he declined to do so and advised that upon reconsideration he believes further discussion with members of the Planning and Inspection Division or other FBIHQ personnel would be of no avail. He said his sole desire at this time is to meet personally with you to discuss his problems with SAC Kunkel. By letter dated 4/2/78 SA [REDACTED] advised SAC Kunkel had recently removed him from an instructional assignment at Quantico in a "completely retaliatory and senseless way." Inquiry determined the assignment of SA [REDACTED] and another agent assigned to the Alexandria Office to instruct at Quantico was handled by direct contact with the agent personnel involved by members of the Quantico staff without consulting SAC Kunkel or any other supervisory official of the Alexandria Office. Upon learning of this SAC Kunkel, based on work commitments of the Alexandria Office, contacted a Quantico official to express concern about the use of two agents from his office for several days. Decision ultimately reached that one agent would be made available; SAC Kunkel did not insist on the removal of SA [REDACTED] from this assignment; the other agent who was used had greater expertise in the area of instruction and was chosen for the assignment. Discussions were held with SAC Kunkel regarding this matter on 4/6 and 7/78, during which time he explained why he had held a conference in the Alexandria Office to advise agent personnel that no substance existed to the charges made against him during the 1977 inspection. SAC Kunkel claims he was so advised by two members of the ad hoc committee which reviewed the inspection findings. Associate Director Adams and I had a further discussion with SAC Kunkel regarding this matter on 4/14/78. Results set forth in details, but briefly stated, Associate Director Adams reviewed ad hoc committee findings with SAC Kunkel and told him the findings did not substantiate the interpretation of vindication of the charges. SAC Kunkel was also informed of two other instances which indicated inflexibility on his part and was told that if he continued to approach problems in the same manner he has in the past serious questions will be raised as to whether or not he should continue as a SAC.

Memorandum to The Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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RECOMMENDATIONS:

1. That no further action be taken with respect to SA [REDACTED] letter of 3/20/78 inasmuch as he has indicated satisfaction with his discussion with me on 4/6/78.

2. That attached letter be forwarded to SA [REDACTED] in response to his letters of 3/6/78 and 4/2/78.

3. That no further action be taken with respect to SAC Kunkel's activities regarding the charges made during the 1977 inspection inasmuch as the air has been cleared concerning the findings and recommendations of the ad hoc committee and any misconception of the results of those findings and the recommendations has been clarified with SAC Kunkel.

4. That no action be taken against SAC Kunkel with respect to the claim by SA [REDACTED] that SAC Kunkel's activities in removing him from an instructional assignment at Quantico were improper inasmuch as our inquiries do not substantiate this claim.

Memorandum to The Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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RECOMMENDATIONS (CONTINUED)

5. That SAC Kunkel be instructed, in writing, to advise SA [REDACTED] as to the specific reasons why SA [REDACTED] [REDACTED] SA [REDACTED] should be specifically informed that his selection by Quantico personnel was done without any prior contact with any official of the Alexandria Office; that the ultimate decision to use only one agent was mutually reached by officials at Quantico and SAC Kunkel based on work commitments of the Alexandria Office; and that the final selection of the other agent to handle this instructional assignment was mutually agreed to by Quantico officials and SAC Kunkel with notice being taken of the fact the agent selected is currently working business fraud cases.

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6. That a discussion be held at a forthcoming Executives' Conference to advise all Assistant Directors they should instruct their staffs to clear requests for attendance of agent personnel at seminars or meetings through the SAC or Division Head rather than have Quantico or FBIHQ personnel deal directly with the personnel who are to attend the seminars. This recommendation is based on the fact that SA [REDACTED] letter of 4/2/78 resulted from his belief that SAC Kunkel had acted in an arbitrary manner and it appears this could have been avoided had appropriate procedures been followed prior to direct contact with SA [REDACTED] regarding an instructional assignment.

Memorandum to The Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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DETAILS:

SA [REDACTED] Alexandria Office, sent a letter to the Director dated 3/6/78 (attached) wherein he raised the following issues:

- (1) SAC Kunkel advised all agents after Kunkel's interview and the interview of the complaining agents with Headquarters officials that "he had been told it had been determined that there was no substance to any of the complaints made against him during this inspection."
- (2) "Since this time, we have been trying to ascertain whether or not our grievances were believed, how they were evaluated and what action has been taken to remedy the situation."
- (3) "Before long, the U. S. Department of Justice will be rendering its decision on our appeal. If the requested information is still withheld, it will be necessary to take this matter to court."
- (4) "I would welcome an opportunity to discuss this matter with you, since it is very much an ongoing situation."

In his letter to the Director dated 4/2/78 (attached), SA [REDACTED] raises the following issues:

(1) [REDACTED]

[REDACTED] SAC Kunkel of the Alexandria Division caused me to be removed from this assignment. . . . this control isn't meant to be exercised in a completely retaliatory and senseless way with complete disregard for the programs and personnel involved. "

Memorandum to The Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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b7C

- (2) "The problems of secrecy and the double standard go together...."
- (3) "Since I have received no acknowledgement of my letter of March 6, 1978, I have enclosed a copy of it."

By letter to the Director dated 3/20/78 (attached), SA [REDACTED]
[REDACTED] Alexandria Division, raised the following issues:

- (1) "...what findings were made by the judgement body is unclear to me since I was told almost nothing in this regard."
- (2) "Insofar as I was told, and from what I was able to learn, my complaint regarding [REDACTED] was completely ignored by Bureau Headquarters."
- (3) "Several weeks later, Mr. Kunkel brought the above situation up while addressing the agent body of this office. He told those assembled that the Bureau Headquarters had looked into complaints against him, but found 'no substance' to them..."
- (4) "My experience, as outlined in this letter, points up the absence of a meaningful grievance procedure within our Bureau, and it highlights the futility of reporting an abuse by a highly placed Bureau employee."

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By invitation, SA [REDACTED] appeared at FBIHQ on 4/6/78 to further discuss this matter with Assistant Director Lee Colwell and Inspector [REDACTED] of the Planning and Inspection Division. In particular, SA [REDACTED] wanted assurance that you are aware of this matter which had been handled by Director Kelley. He was assured that you are aware of the nature of the complaints both against SAC Kunkel and, to a lesser degree, against [REDACTED]. SA [REDACTED] advised that in the documents he had seen that had been obtained through the FOIPA action

Memorandum to The Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

b6

b7C

there was no mention of an adjudication of this matter concerning

[REDACTED] It was explained to [REDACTED] that the ad hoc panel and Director Kelley had before them the full matter concerning [REDACTED] and there was no indication that disciplinary action against [REDACTED] was warranted. It was pointed out that a dispute between [REDACTED] and SA [REDACTED] concerning SA [REDACTED] 1977 performance rating was resolved in [REDACTED] favor and that [REDACTED] and SAC Kunkel had been found incorrect in that matter.

SA [REDACTED] was afforded a complete explanation of the Bureau's grievance procedure, pointing out that rights of privacy must be considered at all times. SA [REDACTED] acknowledged this factor but suggested that in situations such as the Alexandria inspection in 1977 consideration be given to setting forth, insofar as possible, the findings of the Director in these matters so that complainants could be formally advised of the disposition of their complaints. He indicated this would help to clarify situations where one FBIHQ official indicates a certain result and the SAC indicates another. In particular, he pointed out that he was told at the meeting with Inspector [REDACTED] on 7/29/77 that the SAC had not been given a "clean bill of health," but that later SAC Kunkel had openly indicated that he had been "vindicated" and "backed" by FBIHQ in this matter. He was advised that his feelings in this regard would be made known to appropriate Bureau officials.

At the conclusion of this discussion, SA [REDACTED] indicated satisfaction with the discussion and stated the questions raised by him had been resolved adequately.

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On 4/4/78, SA [REDACTED] advised Inspector [REDACTED] that he would come to FBIHQ on 4/6/78 in connection with his complaints. It is noted that on 4/4/78 a second letter was received from SA [REDACTED] alleging that SAC Kunkel had recently [REDACTED] what [REDACTED] described as a "completely retaliatory and senseless way." The receipt of both letters from SA [REDACTED] was acknowledged by Inspector [REDACTED] on 4/4/78. On 4/5/78, SA [REDACTED] contacted Inspector [REDACTED] and advised that upon reconsideration he feels that further discussion with members of the Planning and Inspection Division or other FBIHQ personnel would be to no avail. SA [REDACTED] stated that his sole desire at this time is to meet personally with the Director to discuss his problems with SAC Kunkel.

Memorandum to the Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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b7C

It is further noted that SA [REDACTED] and others have received under the FOIPA a substantial number of documents relative to the complaints furnished to the Inspection Staff in June, 1977. Certain portions of these documents were blocked out and an administrative appeal relative to these blocked out portions is currently being decided by the Department. On 4/5/78, SA [REDACTED] indicated that if the administrative appeal is not successful suit will be filed in court seeking the excised material.

SA [REDACTED] was advised that his desire to discuss this situation with the Director would be brought to the Director's attention.

Because both SAs [REDACTED] and [REDACTED] raised the issue in their letters that SAC Kunkel had advised all agents at a conference after the meeting with Bureau officials that he had been told it had been determined there was no substance to any of the complaints made against him during the inspection in June, 1977, and for the purpose of informing SAC Kunkel of the receipt of these letters, he was interviewed by me on 4/6-7/78.

Mr. Kunkel, after being advised of receipt of the letters and their general nature, stated he was unaware that the letters had been prepared and that he thought the whole issue regarding the agents' complaints in 1977 had been totally refuted and put to rest. Memorandum Colwell to the Director dated 4/7/78 reporting details of this interview is attached.

Mr. Kunkel was requested to respond in writing to the allegation of SA [REDACTED] in his letter of 4/2/78 that SAC Kunkel was responsible for [REDACTED]

[REDACTED] SAC Kunkel did so in memorandum to me dated 4/6/78 (attached) and explained the circumstances surrounding the [REDACTED] SAC Kunkel indicated that neither he nor any supervisor of the Alexandria Division had been contacted regarding [REDACTED]. Independent inquiry by Inspector [REDACTED] with appropriate FBI officials confirms statements of SAC Kunkel with regard to this allegation. A memorandum dated 4/5/78 reporting the results of these inquiries by Inspector [REDACTED] is also attached.

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b7C

Memorandum to the Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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SAC Kunkel stated that he had held a conference with all agents after his meeting with Assistant Director DeBruler to advise all agent personnel of the Alexandria Division that he had been vindicated and there was no substance to the complaints made against him. He stated he deemed this necessary since he was never told that any of the complaints were found to be true or that he had done anything wrong. At this point in the discussion, a point-by-point reference was made to the contents of Mr. DeBruler's memorandum dated 3/1/77 reporting the details of the conversation with SAC Kunkel. SAC Kunkel stated that he was not told that he may have had an overly strict interpretation of the authority vested in him as SAC which, in turn, contributed to a morale problem to some people in his office. He stated that he was not informed he had done anything wrong and, as a matter of fact, when he left the meeting with Mr. DeBruler and Inspector [REDACTED] he was under the impression that the inquiry had failed to confirm that there was any substance to the complaints lodged against him by the agents in his division. Subsequently, he stated he was separately informed by two of the members who sat on the ad hoc committee that he had been vindicated and that there was no substance to the complaints made against him by the agents of the Alexandria Division. In addition, he stated he was telephonically contacted by then Associate Director Richard G. Held, invited to FBIHQ for lunch, and during the telephone conversation was told that he had been vindicated and that there was no substance to the allegations made by the agents. In view of the fact that then Assistant Director DeBruler had not told him that he had done anything wrong or that there was any validity to the allegations made by the agents, he felt he had a responsibility to advise the agent personnel of the Alexandria Division. He then announced before all agents of the Alexandria Division that the inquiry had determined that there was no substance to the allegations.

At the conclusion of our discussion on 4/6/78, SAC Kunkel indicated that he would try, through personal contact, to overcome the bad feelings on the part of the complaining agents currently assigned to the Alexandria Division regarding him as SAC. SAC Kunkel furnished me a memorandum wherein he stated he would pursue the reassignment of SA [REDACTED] at the earliest possible date. A copy of this memorandum, dated 4/6/78, from Mr. Kunkel to me is attached. I indicated to Mr. Kunkel that I would prepare a memorandum reporting the results of our conversation and I desired to review it with him on 4/7/78 in my office.

Memorandum to The Director

RE: SA [redacted]

SA [redacted]

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At approximately 8:45 a.m., 4/7/78, SAC Kunkel called and wanted to see me as soon as possible and we set up a meeting at 10:00 a.m. When he arrived in my office he stated he had reconsidered comments he had made in our meeting on 4/6/78 and decided that he could not do anything about the situation in Alexandria since he did not feel that he had done anything wrong and that insofar as he was concerned his actions had been justified. We again had a discussion concerning the allegations, the meeting between him and Mr. DeBruler, his contact with two members of the ad hoc committee reviewing the entire situation, the instructions of then Director Kelley, and the findings of the ad hoc committee. Mr. Kunkel stated that he viewed my statements concerning his performance as SAC as merely an interpretation of the ad hoc committee's recommendation and that he desired a point-by-point statement from the ad hoc committee pointing out specifically what his deficiencies had been.

I told Mr. Kunkel that I would bring to the attention of Associate Director Adams, who chaired the ad hoc committee, his request and that I would be back in touch with him at the earliest possible date.

During a meeting with SAC Kunkel on 4/14/78, at which I was also present, Associate Director Adams reminded SAC Kunkel that he chaired the ad hoc committee which reviewed the inspection findings regarding the allegations made by Alexandria agents concerning SAC Kunkel's personnel management policies. While the ad hoc committee stated there was no basis for disciplinary action, they recommended that Assistant Director DeBruler (retired) and Inspector [redacted] discuss weaknesses in Kunkel's personnel management performance and provide him with constructive suggestions for improvement. Associate Director Adams reviewed the findings of the ad hoc committee with SAC Kunkel, in detail, and told him there should be no misunderstanding in his mind that there were personnel management deficiencies identified and that it was his responsibility as a field manager to insure that they were corrected. Also, Associate Director Adams told SAC Kunkel that he had reviewed the memorandum prepared by DeBruler reporting his discussion with him and it certainly should be clear to SAC Kunkel that he was not vindicated and that the investigation did identify weaknesses in his personnel management policies.

Memorandum to the Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

Associate Director Adams also took this opportunity to mention to him two matters that had come to his attention since the inspection inquiry which reflects on SAC Kunkel's personnel management policies. One concerned a question of whether or not to permit an agent assigned to the Alexandria Division to participate on an assignment in Mexico City and the second concerned the request of a Bureau supervisor to address a class at Sterling High School in Virginia located in the Alexandria, Virginia, territory wherein the agent supervisor's son was a member of the particular class. SAC Kunkel stated that he had five agents assigned to applicant recruiting full time and that he had opposed this agent supervisor's addressing a class inasmuch as he did not want to interfere with the applicant recruitment of the Alexandria Division.

Associate Director Adams told SAC Kunkel that he was absolutely wrong in his position; that the above were two more instances of his inflexibility and if he continued to approach all problems in the manner that he has in the past this will raise serious questions as to whether he will continue to have future problems and whether or not he should be continued as an SAC. Associate Director Adams told SAC Kunkel the Bureau has to support SACs in their authority and that the assignment of personnel has to be at the discretion of the SAC; however, if this discretion is used arbitrarily, as it appears to be in many of the decisions SAC Kunkel makes, the Bureau must intervene and his actions certainly influence the Bureau's opinion as to how effectively he is operating as SAC. Associate Director Adams told SAC Kunkel neither the Bureau nor he could get to the bottom of the complaints made by the agents as long as he continued to be perceived or gave the impression of an inflexible martinet. Associate Director Adams also told him that his personnel policies were out of step with the times and that it might be necessary, unless he changed his approach, to move everyone involved in this controversy, including him, out of the Alexandria Division. Associate Director Adams told SAC Kunkel the perpetuation of this controversy, aggravated by him, continues the turmoil and raises the question about his ability as an SAC and whether or not he can continue to run an office.

Memorandum to the Director

RE: SA [REDACTED]

SA [REDACTED]

ALEXANDRIA DIVISION

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Associate Director Adams told SAC Kunkel neither he nor other officials at FBIHQ subscribed 100% to his style of leadership in the Alexandria Division. Associate Director Adams also told him that his position as Chairman of the ad hoc committee had not changed regarding the recommendation that no disciplinary action was warranted; however, Associate Director Adams was and is concerned with the continued turmoil in the Alexandria Division. Associate Director Adams told SAC Kunkel that if he did not change his leadership style then he would probably leave the Bureau no alternative but to remove him as SAC.

Mr. Kunkel stated upon the conclusion of Associate Director Adams' remarks that Mr. Adams had made himself absolutely clear and he accepted Mr. Adams' remarks.

June 29, 1978

PERSONAL

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Mr. Kunkel:

I am enclosing your official annual performance rating covering the period April 1, 1977, through March 31, 1978. Please initial the copy of this performance rating and return to FBI Headquarters.

It is not possible to give you a higher rating in view of certain personnel management deficiencies which were previously called to your attention.

Sincerely yours,

William H. Webster
Director

67-334343-484
Searched _____ Indexed _____
6 JUL 14 1978 701

Enclosures (2)

APPROVED: _____
Director _____
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Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
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Training _____
Public Affs. Off. _____

SENT FROM D. O.
TIME 6 P.M.
DATE 7/3/78
BY [signature]

REL:jlk
(3)

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Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
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Telephone Rm. _____
Director's Sec'y _____

3 JUL 19 1978
21

FBI/DOJ

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ASSOCIATE DIRECTOR
FBI


7/8/78

UNITED STATES GOVERNMENT

Memorandum

TO : THE DIRECTOR

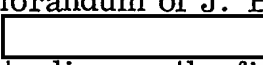
DATE: 8/1/77

FROM:  W. K. DE BRULER

SUBJECT: COMPLAINTS DIRECTED AGAINST
SAC ROBERT G. KUNKEL
ALEXANDRIA DIVISION INSPECTION
5/31 - 6/20/77

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
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Crim. Inv. _____
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Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

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In accordance with memorandum of J. B. Adams to the Director, 7/13/77, same caption, Inspector  met with the principal complainants on 7/29/77 in order to discuss the findings in this matter. One complainant was on assignment out of town and will be contacted upon his return. Each complainant was counseled concerning his responsibilities and each was made aware that his grievances had been fully considered by the Director.

The reaction of the eight complainants was one of extreme disappointment in what they had hoped was a new and valid inspection process whereby action would be taken by top management to remedy what each is convinced is an intolerable situation. Each complainant indicated he came forward in this matter for varying reasons but their overall intentions were for the betterment of the FBI. They had hoped that the "new system" would be responsive to all Agents' needs, but from their viewpoint, the system has served only to protect management. Several Agents felt particularly disillusioned and discouraged because their career desires to serve the Bureau's law enforcement efforts have been curtailed, if not destroyed, by what they felt to be arbitrary assignment to less challenging matters. Other Agents expressed deep concern that their good faith decision to come forward in this matter will cause a "black mark" against their career potential.

REC-141

The complainants agreed that although they were most willing to do their part in establishing a cooperative working relationship in the Alexandria Division, it was virtually inconceivable to them that SAC Kunkel

RSY:jmh
(7)

CONTINUED - OVER



5010-110

69
EP 18 1978

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

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PLANNING AND
INSPECTION DIVISION
FBI

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ASSISTANT ATTORNEY GENERAL
DIVISION
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Memo to The Director
Re: Complaints Directed Against
SAC Robert G. Kunkel

would alter his well-established severe personnel management policies. They have observed nothing to date which would indicate an easing of the situation and, in fact, noted that SAC Kunkel has already claimed to have been "vindicated" and "backed" by the Bureau.

It is noted that during captioned inspection each of the complainants furnished a memorandum of complaint which was reviewed by and responded to in separate memoranda by SAC Kunkel. At the time of the meeting with Inspector [] on 7/29/77 the complainants each requested permission to review SAC Kunkel's response to his complaint. They were advised that this matter would be referred to the appropriate divisions for review as to the accessibility of these memoranda.

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RECOMMENDATIONS:

1. That this memorandum be referred to the Director for his information.

JWS

APPROVED *OK*
Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____
Fin. & Pers. _____
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Legal Coun. *OK* _____
Plan. & Insp. _____
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Training _____
Public Affs. Off. _____

2. That this memorandum be further forwarded to the FOIPA Branch, Records Management Division, and Legal Counsel Division for a determination as to whether the individual complainants are entitled to review copies of SAC Kunkel's memoranda relative to their individual complaints.

JWS

APPROVED *OK*
Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

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RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 7/18/78I certify that I have ☒ received ☐ returned the following Government property for official use:

D.C. OFFICIAL PARKING PERMIT #03807

RETURNED:D.C. OFFICIAL PARKING PERMIT #01145 *del & destroyed per*Reason for Returning: ☐ Absence for Maternity Reasons ☐ Military Leave ☐ Resignation ☐ Retiring *JG*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

88
67-NOT RECORDED

1 AUG 7 1978

Very truly yours,

(Signature) *Robert G. Kunkel*

(Typed name)

ROBERT G. KUNKEL

ANNUAL LEAVE REQUEST

TO: DIRECTOR, FBI Date: 7/11/78
(ATTN: ADMINISTRATIVE SERVICES DIVISION)

FROM: SAC, ALEXANDRIA

Name ROBERT G. KUNKEL

Assigned ALEXANDRIA

In excess of 2 days for employee

☐ On probation☐ Against whom disciplinary action is pending☒ SAC ☐ ASAC

Annual leave requested from 7/20/78 to 7/21/78

Address while on annual leave:

James Madison University
Harrisonburg, Va. 22801

Speeches scheduled:

None

Check blocks applicable:

☒ FD-282 retained in office. Applies when request for annual leave is 2 days or less.☐ SF-71 enclosed. Applies when request for annual leave is in excess of two days.☐ Speech scheduled will be handled by qualified Bureau speaker.☐ Disciplinary action pending. (See under Remarks)☐ On Probation. The recommendation of the SAC and information as to the employee's current performance, his attitude, and the reason he wants leave is set forth below. (See under Remarks)

Remarks:

Recommendation:

This request will be granted, UACB.

67-NOT RECORDED

3 JUL 18 1978

Enc. ☐ Yes ☒ No

1 - Bureau

1 - Alexandria

/iat (2)

JUL 11 1978

MAIL ROOM
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DIVISION

2 JUL 12 '78

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RECEIVED
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ADMINISTRATIVE
SERVICES
DIVISION

JUL 13 9 59 AM '78

August 10, 1978

Mr. William H. Webster, Director
Federal Bureau of Investigation
9th and Pa. Ave., N.W.
Washington, D.C. 20017

5105 Trautway Drive
Rockville, Md. 20853

Letter of Favorable Communications:
Mr. Robert Kunkel, Special Agent in Charge
Alexandria Va. Office

Dear Sir:

We, the Reserve Officers of the U.S. Army's Mobilization Designation Detachment #147 of the Defense Logistics Agency take this opportunity to thank and congratulate Mr. Robert Kunkel for helping to make 1977-1978 another outstandingly successful Reserve year.

Mr. Kunkel took two hours out of his valuable evening hours on November 29, 1977, to brief us on "The FBI of the Future" in a truly professional manner therefore reflexing credit and honor to your organization. In addition, he imparted vital information to us that allows us to be more sensitive and aware of the world around us and thereby making us better citizens and military men.

Once again, Mr. Webster, we thank Mr. Kunkel for his time and devotion.

Sincerely,

[Redacted Signature]

Commander

REC-102

67-334343-480
67-334343-480
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3 AUG 30 1978

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b7C

Moss H. Kendrix, Jr.
Major/USAFR

ACK
8/25/78
NB

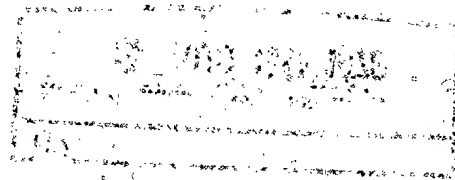
Robert G. Kunkel
67-334343, SA Alexandria, SAC
NSA

CORRESPONDENCE
PRESS RELEASES
UNIT

RECEIVED
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AUG 22 '78

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7/10

September 14, 1978

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Robert:

I would like to take this opportunity to thank you for furnishing four of your Special Agents who assisted in the logistics aspect of the Minority Recruitment Conference, September 5-8, 1978, at the FBI Academy, Quantico, Virginia.

Without your cooperation, this conference would not have been as successful as it was.

Very truly yours,

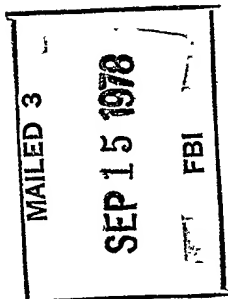
[Signature]
Richard E. Long
Assistant Director
Administrative Services Division

1 - Personnel File of Robert G. Kunkel

WPC: dam *can*

(5)

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Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
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Director's Sec'y _____



1 SEP 22 1978

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REC-148

67-334343-4817

67-334343-4817	Num. 88
Searched	2 SEP 19 1978

3
REC-107

August 25, 1978

Lieutenant Colonel Harry Marshall, USAR
5105 Trailway Drive
Rockville, Maryland 20853

Dear Colonel Marshall:

Robert G. Kunkel

I appreciate the thoughtful letter of August 10th from you and Major Kendrix regarding Special Agent in Charge Kunkel's appearance before your Reserve Officers last November. It is always a pleasure to receive letters like yours and you may be assured I will pass your generous comments along to Mr. Kunkel. I am sure he will join me in thanking you for writing and in wishing you and the Defense Logistics Agency even greater accomplishments in the coming year.

Sincerely yours,

William H. Webster

William H. Webster
Director

- Alexandria - Enclosure
Personal attention SAC.

NOTE: Bufiles reflect nothing to preclude this letter.

NB: jmh (4)

/kms

kms

MAILED
AUG 28 1978
FBI

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3 SEP 5 1978

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ASSOCIATE DIRECTOR
FBI

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RECEIVED
READING ROOM
FBI

[Faint, mostly illegible text, possibly a letter or report body]

November 30, 1978

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Mr. Kunkel:

Enclosed is an honorary membership card in the Federal Bureau of Investigation Recreation Association (FBIRA). It is being presented to you on the occasion of your Thirty-fifth Anniversary of employment with this Bureau.

It is a pleasure to forward this token of our appreciation for your past support of the FBIRA. We are looking forward to your continued participation in FBIRA activities.

Sincerely yours,

William H. Webster

William H. Webster
Director

REC-137

Searched..... Numbered.....
9 DEC 1 1978

MAILED 3

NOV 29 1978

Enclosure

- Alexandria (Personal Attention: ASAC) - Enc.

You should personally present the enclosed letter to Mr. Kunkel on behalf of the FBIRA on the occasion of his 35th Anniversary.

NOTE: See Coll to Herndon memo 11/6/78.

Assoc. Dir. _____
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Dep. AD Inv. _____
Asst. Dir.: _____
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Crim. Inv. _____
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Director's Sec'y _____

TBC:asg

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9 DEC 6 1978

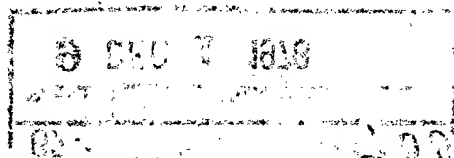
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Nov 29 4 37 PM 1970 29 2 06 PM '78

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JOHN W. ALSTON



Mr. Herndon

b6
b7C

11/6/78

[REDACTED]
President, FBIRA

FBIRA MEMBERSHIP CARDS

PURPOSE

Robert G. Runke I

To have honorary FBIRA membership cards prepared for the employees listed below who due to a military adjustment now have 35 years of service.

CURRENT BUREAU POLICY:

FBIRA policy is to grant honorary membership in the FBIRA to employees completing 35 years' service with the Bureau. The following now fall into this category:

[REDACTED] Laboratory Division
[REDACTED] Administrative Services Division
[REDACTED] Criminal Investigative Division
[REDACTED] Training Division
[REDACTED] Technical Services Division
[REDACTED] Washington Field
[REDACTED] Criminal Investigative Division
[REDACTED] Washington Field
[REDACTED] Technical Services Division
[REDACTED] Identification Division
[REDACTED] Identification Division
[REDACTED] Washington Field
[REDACTED] Laboratory
[REDACTED] Administrative Services Division
[REDACTED] Washington Field
[REDACTED] Laboratory
[REDACTED] Washington Field
[REDACTED] Technical Services Division
[REDACTED] Records Management Division
[REDACTED] Albuquerque
[REDACTED] Philadelphia
[REDACTED] Philadelphia
[REDACTED] Jr., Boston
[REDACTED] San Francisco
[REDACTED] New Orleans
[REDACTED] Charlotte
[REDACTED] Cleveland

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b7C

1 - Special Projects Section

(CONTINUED-OVER)

1 - Mr. Coll

37-1101-1000 Personnel Files of employees listed

ATC:asg
4 NOV 11 1978

[redacted] to Herndon memorandum
Re: FBIRA Membership Cards

b6
b7C

[redacted]	Newark
Robert C. Kunkel	Alexandria
[redacted]	New York
[redacted]	New York
[redacted]	Indianapolis
[redacted]	Los Angeles
[redacted]	San Diego
[redacted]	New York

RECOMMENDATION

That this memorandum be referred to the Special Projects Section to have an honorary membership card prepared for the captioned employees. Further, that upon completion, the cards be sent to me in Room 7222 so that an appropriate letter for the Director's signature can be prepared.

Memorandum

Assoc. Dir. _____
 Dep. AD Adm. _____
 Dep. AD Inv. _____
 Asst. Dir. _____
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 Tech. Servs. _____
 Training _____
 Public Affs. Off. _____
 Telephone Rm. _____
 Director's Sec'y _____

TO : The Director

DATE: 11-1-78

FROM : Legal Counsel *JAM*SUBJECT: UNITED STATES v. [REDACTED] ET AL
CRIM. NO. 78-000179, DISTRICT OF COLUMBIAb6
b7c*Kunkel, Robert G.*

Attached is a letter addressed to me dated October 27, 1978, which I received today and which enclosed a memorandum from [REDACTED] Criminal Division, addressed to "Witnesses for the Trial" dated October 27, 1978.

The letter and its enclosure address the list of potential witnesses for United States v. [REDACTED], et al. The list of current FBI personnel who may be called does not indicate their current offices of assignment, but it appears that they are located at FBI Headquarters and throughout the field. The request is for these employees to be made available for purposes of the trial during a four-week period commencing January 22, 1979. The letter and memorandum are self-explanatory as to the arrangements. We are requested to forward this information to the listed employees.

RECOMMENDATIONS:

1. That the listed employees be made available for testimony, if called.

REC-80

62-118045-968

RECEIVED: *W*

FBI/DOJ

Dep. AD Adm. *JAM*

Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____

Ident. _____

Laboratory _____

Dep. AD Inv. *JAM*

Dep. AD Adm. _____

Dep. AD Inv. _____

Dep. AD Adm. _____

Dep. AD Inv. _____

Dep. AD Adm. _____

Enclosure

- 1 - Mr. Adams
- 1 - Mr. McDermott
- 1 - Mr. Long
- 1 - Mr. Colwell
- 1 - Mr. Mintz

JAM:bpr
(6)

CONTINUED - OVER

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

10 FEB 2 1979

74

Memo Legal Counsel to the Director
Re: United States v. L. Patrick Gray, et al

RECOMMENDATIONS: (Continued)

2. That the Administrative Services Division identify the current offices of assignment of each and furnish to each listed employee a copy of the October 27, 1978, memorandum from Mr. Willcox to me and a copy of the October 27, 1978, memorandum from Mr. Willcox to "Witnesses for the Trial."

APPROVED: *Wan* Admin. Serv. Div. *JM*
FORWARDED: *JM* *JM*
BY: *JM* *JM*
DATE: *JM* *JM*

3. That in connection with recommendation #2 above, the Administrative Services Division verify the availability of each listed employee for the four-week period beginning January 22, 1979, and appropriately advise the Criminal Division.

Wan *JM* *JM*

UNITED STATES GOVERNMENT

Memorandum

b6
b7C

TO : John A. Mintz
Legal Counsel Division
Federal Bureau of Investigation

DATE: October 27, 1978

FROM : [Redacted]
Criminal Division
Department of Justice

SUBJECT: Bureau Witnesses; United States v. [Redacted], et al

The attached list of current FBI personnel may be called upon to testify at the trial of the above-captioned case. The trial is presently scheduled to commence on January 22, 1979 before Chief Judge Bryant at the United States Courthouse in Washington, D.C.

We would appreciate it if these individuals could be made available for purposes of trial. It is to be emphasized that not everyone on this list will necessarily be called upon to testify. Either the Government or the defense may wish to call some of these individuals, and it is requested that they be made available for a four-week period following January 22 should their presence at the trial be required by either side.

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We will advise SA [Redacted] well in advance of trial of those witnesses the Government will need. None of these personnel in field locations should be brought to Washington for trial unless a specific request has been received from the prosecution team.

For the benefit of the individuals on this list, we have prepared a memorandum outlining our procedures. We have enclosed the appropriate number of copies, and we would appreciate it if they were each furnished a copy.

We would further appreciate it if you could verify the availability of these Bureau personnel.

We thank you very much for your assistance in this matter.

EX-114 REC-80

62-118045-95X

16 JAN 5 1979

2 - ENCLOSURE

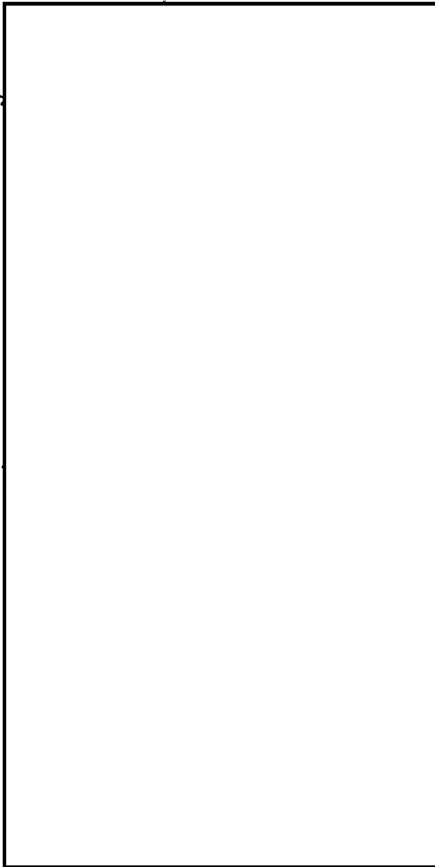


5010-110

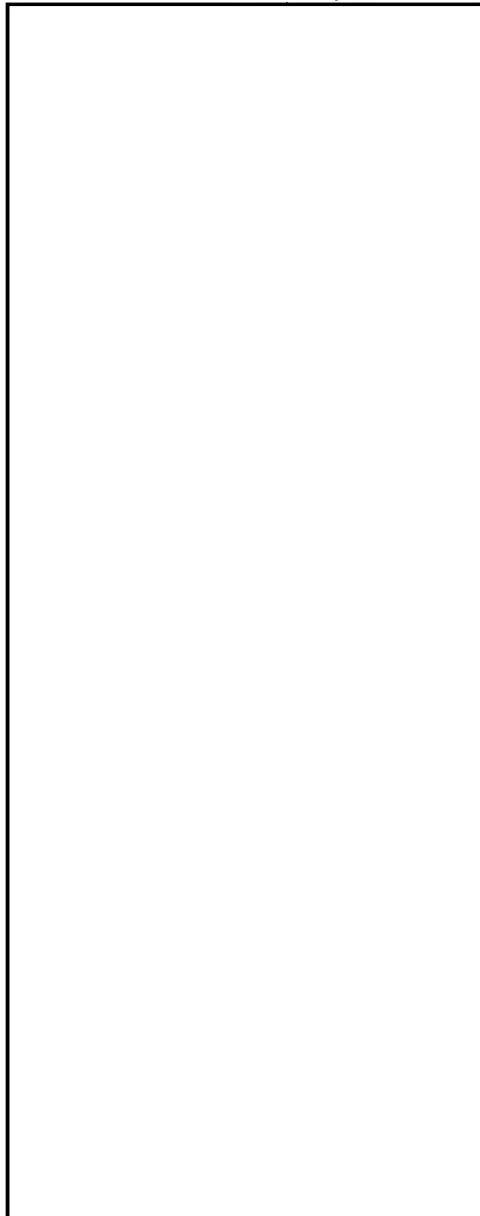
Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FEB 9 1979

List of Current FBI Personnel



Robert G. Kunkel



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b7C

*These agents have already been subpoenaed through their attorneys. The Bureau should merely assure that there is no administrative difficulty by virtue of their present duties in securing their presence at trial.

UNITED STATES GOVERNMENT

Memorandum

TO : Witnesses for the Trial

DATE: October 27, 1978

FROM :
Criminal Division
U.S. Department of Justice

b6
b7C

SUBJECT: United States v. et al., Crim. No. 78-000179,
District of Columbia

Attached is a request for your appearance as a witness in the above captioned case.

The trial is presently scheduled to begin on January 22, 1979. Testimony may not begin on that precise day, and/or your testimony may not be required until a later day. For these reasons the specific date upon which you will be called to testify cannot now be finally determined. You therefore need not appear in court on January 22, but should treat the request as being continuing in nature. That means that it will continue to require your presence in court whenever during the pendency of the case you may be notified that any party in the case wishes you to appear in court. As soon as that date has been determined, we will let you know. We hope that this procedure will involve as little inconvenience to you as possible. It is quite possible that neither side will want to call you as a witness, but you should plan to be available for several weeks after January 22 in the event that you are called as a witness.

You will be notified in a timely fashion if your presence is required. If you plan to be in a travel status in December (except for the holidays) or in January, it is imperative that you keep us informed as to how to reach you. Please call me at 724-7011 to inform me (or my secretary) of your travel plans, or if you have any questions.

At some point before your appearance in court we may contact you again to invite you to attend a pretrial interview. You will be under no obligation to accept that invitation; whether or not to do so will be entirely up to you. Similarly, it is possible that defense attorney and/or defense investigators may contact you to invite you



5010-110

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

to be interviewed by them. Again you will be under no obligation and will be entirely free to decide yourself whether or not to submit to such interview.

November 13, 1978

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Bob:

This is to confirm the Board's desire to retain you as a member of the Board of Directors of SAMBA, commencing January 1, 1979.

The Officers and Directors are looking forward to your continued association and your valuable input in the day-to-day operations of SAMBA.

As President, I can attest to the many fine contributions that you have made to the Association, and for that I am indeed grateful.

Sincerely,

67-334343-489
Searched..... Numbered.....
4 DEC 11 1978

REC-134

b6
b7c

President

TJF:mfs
(3)
94-39518

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
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Legal Coun. _____
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Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

*signed & sent
11-16-78, TJF*

*file
TJF*

90
DEC 13 1978

December 8, 1978

b6
b7C

ATTORNEY AT LAW
118 South Royal Street
Alexandria, Virginia 22314

Dear Mr. White:

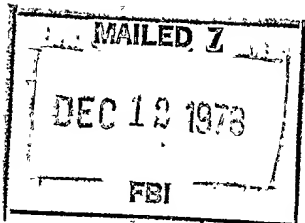
This is to acknowledge receipt of your letter to me dated December 4, 1978, wherein you made an official complaint against Robert G. Kunkel, Special Agent in Charge of our Alexandria FBI Field Office. I have forwarded your letter to our Office of Professional Responsibility for appropriate handling.

I would like to thank you for bringing this matter to my attention.

Sincerely yours,

[Signature]
REC-131
Donald W. Moore
Assistant Director
Criminal Investigative Division

67-334343-410
Numbered.....
4 DEC 20 1978 &



JTK:cwb
(4)

- 1 - OPR
- 1 - Mr. Moore

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
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Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

SEE NOTE PAGE 2

2 DEC 13 1978

DEC 15 1978

MAIL ROOM

PERS. REC. UNIT
FBI/DOJ

CRIMINAL
INVESTIGATIVE
DIVISION

DEC 8 2 41 PM '78
FRONT OFFICE

RECEIVED MAIL ROOM

FBI

INVESTIGATIVE
FRONT

DEC 12 4 38 PM 1978

DEC

Class to Personnel
12/14/78 (JHR)

DEC 12 1 50 PM '78

RECEIVED
READING ROOM
FBI

12/10

Mr. Edward J. White

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NOTE:

Edward J. White, Special State Prosecutor, State of Virginia, has been conducting an investigation concerning allegations of illegally run bingo games being operated in the City of Alexandria, Virginia. The Alexandria Office of the FBI was conducting an investigation in a case captioned [redacted] aka; [redacted]; RICO; OO: AX." White's investigation closely parallels that of the FBI and through meetings with White, the U. S. Attorney's Office in Alexandria and Alexandria FBI Agents, it was tentatively agreed that White was prosecuting gambling violations and the Federal investigation would be aimed at political corruption and RICO aspects of the case. White later insisted on handling bribery allegations locally and has complained by letter dated 12/4/78 to Assistant Director Moore that SAC Robert G. Kunkel did not cooperate.

APPROVED:

Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. mjm
Ident. _____
Intell. _____
Laboratory _____

Legal Coun. _____
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Tech. Servs. _____
Training _____
Public Affs. Off. _____

Airtel

12/7/78

To: SAC, Albany

From: Director, FBI

Robert G. Kunkel

UNITED STATES V. L. PATRICK GRAY ET AL
CRIMINAL NUMBER 78-000179, DISTRICT OF COLUMBIA

ReBuairtel to All SACS dated 11/14/78, captioned U. S. VS L. [redacted] et al, set forth instructions that Legal Counsel Division should be notified if any employee is contacted by defense attorneys or representatives of defense attorneys concerning this case.

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Enclosed are appropriate number of copies of two self explanatory memoranda, both dated 10/27/78, from [redacted] Criminal Division, Department of Justice, one addressed to Mr. John A. Mintz, Legal Counsel Division, and the second addressed to "Witnesses for the Trial" on the above captioned matter. Copies of the memorandum addressed to "Witnesses for the Trial" should be detached and furnished to designated employees.

In the event any employee will not be available during the four-week period on or after 1/22/79, Legal Counsel Division should be immediately advised. Also, Legal Counsel Division will provide guidance on securing a release from Employment Agreement for those employees who may be contacted.

Enclosures (2)

2 - SAC, Alexandria (Encs. 2)	2 - ADIC, New York (Encs. 8)
2 - SAC, Baltimore (Encs. 2)	2 - SAC, Oklahoma City (Encs. 4)
2 - SAC, Cincinnati (Encs. 4)	2 - SAC, St. Louis (Encs. 2)
2 - SAC, Columbia (Encs. 2)	2 - SAC, San Diego (Encs. 2)
2 - SAC, Dallas (Encs. 2)	2 - SAC, San Juan (Encs. 4)
2 - SAC, Detroit (Encs. 4)	2 - SAC, Seattle (Encs. 2)
2 - SAC, Memphis (Encs. 2)	2 - SAC, Springfield (Encs. 2)
2 - SAC, Newark (Encs. 6)	2 - SAC, WFO (Encs. 2)

1 - Personnel files of each of the employees listed on next page.
JLW:las (60)

Based on memo Long to Adams, 12/1/78, captioned as above.


67-NOT RECORDED
3 DEC 13 1978

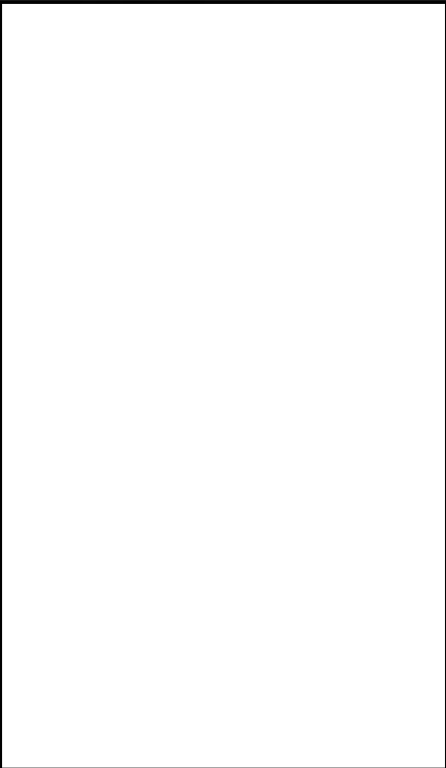
(56)

DUPLICATE YELLOW

Airtel to SAC, Albany

Copies of airtel to placed in personnel files of:


✓ Robert G. Kunkel



b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/9/78

FROM : SAC, ALEXANDRIA

SUBJECT: SA ROBERT G. KUNKEL

AUTHORITY FOR USE OF PERSONALLY OWNED

☒ SIDE ARM (2 only)
☐ SHOTGUN (1 only)
☐ RIFLE (1 only)

Captioned Agent ☐ requests authority to use the
~~XXX~~ will discontinue use of

personally owned side arm described below:

	<u>REQUESTS</u>	<u>DISCONTINUE</u>
Make	_____	Smith & Wesson
Model	_____	49
Caliber	_____	.38
Length of Barrel	_____	2"
Serial No.	_____	590443
Weapon	_____	
Inspected By	_____	

☐ Authority Denied

REC-144

67-334343-49	
Searched.....	Numbered.....
9 DEC 21 1978	

"For FBIHQ Use Only"

If Denied - Why?

Field Note: Field office copy will be maintained as a tickler copy only. Weapon is not to be carried by SA until FD 431 copy received from FBIHQ. When FD 431 returned from FBIHQ, Field Tickler Copy should be destroyed, returned copy placed in Personnel File and proper notations made on field Duplicate Property Record.

③ - Bureau
 1 - (Field Office Tickler Copy) **APPROVED**
 /IAT

(4)

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NOV 18 1978
 FBI ACADEMY

3 JAN 2 1979

FBI/DOJ

AIRTEL

12/8/78

To: SAC, Alexandria

PERSONAL ATTENTION

From: Director, FBI

SAC ROBERT G. KUNKEL
ALEXANDRIA DIVISION;
PERSONNEL MATTER

b6
b7C

Enclosed is a letter dated 12/4/78 to [redacted] FBIHQ, from [redacted] Attorney at Law, Alexandria, Virginia, wherein he makes allegations against you. for your failure to cooperate with him in his investigation into gambling activities.

You are instructed to carefully review the contents of this letter and, thereafter, submit a signed sworn affidavit addressing yourself to each and every allegation contained in the letter and take no further action.

[redacted] letter to Assistant Director Moore has been acknowledged and he was informed this matter has been referred to our Office of Professional Responsibility.

Submit your reply marked to the attention of Assistant Director Lee Colwell, Planning and Inspection Division, no later than 12/15/78.

Enclosure

JTK:cwb
(6)

MAILED 9
DEC 8 1978
FBI

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

- 1 - OPR
- 1 - Mr. Long
- 1 - Mr. Moore

REC-134

67-334343-492
Searched..... Numbered.....
4 DEC 22 1978

DEC 15 1978
APPROVED:

Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____
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In. S. _____
Laboratory _____

DEC 15 1978

Plan. & Insp. _____

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Training _____

Public Affs. Off. _____

3 JAN 2 1979
MAIL ROOM

FBI/DOJ

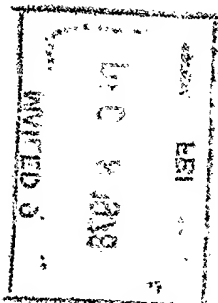
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REC'D MAIL ROOM
FBI

DEC 8 12 5 PM 1978

RECEIVED
PLANNING AND
INSPECTION DIVISION
FBI

DEC 8 3 32 PM 1978



Handwritten signature or initials

UNITED STATES GOVERNMENT

Memorandum

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
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Laboratory _____
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Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

TO : THE DIRECTOR

DATE: 12/8/78

FROM: L. COLWELL

SUBJECT: ROBERT G. KUNKEL
SAC, ALEXANDRIA DIVISION;
PERSONNEL MATTER

PURPOSE:

To advise you of a letter dated 12/4/78 (attached) from [redacted] Attorney at Law, to [redacted] FBIHQ, wherein [redacted] makes allegations against SAC Robert G. Kunkel, Alexandria Field Division.

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DETAILS:

Investigations into allegations of possible violation of the RICO Statute and political corruption on the part of [redacted] City of Alexandria, Virginia, were initiated by the Alexandria Division after a meeting between the Alexandria police officials, Special State Prosecutor [redacted] Assistant U. S. Attorney (AUSA) [redacted] and SAs of the Alexandria Division. At that meeting the allegations, scope of investigative activity and prosecutive potential were discussed in depth and a mutual understanding reached that the Special Prosecutor would continue to prosecute gambling violations under the Virginia law, while the thrust of the Federal investigation would be aimed at the political corruption and RICO aspects of the case.

Enclosure 1 **ENCLOSURE**

JTK:cwb
(7)

REC-134

67-334343-493	
Searched.....	Numbered.....
3 JAN 10 1979	

- 1 - Mr. Adams
- 1 - Mr. McDermott
- 1 - Mr. Colwell
- 1 - OPR
- 1 - Mr. Long
- 1 - Mr. Moore



(45)

(CONTINUED - OVER)

7 JAN 12 1979 Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

MAIL ROOM
ADMINISTRATIVE
SERVICES
DIVISION

DEC 29 2 32 PM '78

RECEIVED
PLANNING AND
INSPECTION DIVISION
FBI

DEC 22 10 57 AM 1978

RECEIVED DIRECTOR

F. B. I.

DEC 6 10 49 AM '78

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

DEC 29 3 22 PM '78

Memorandum to The Director
Re: SAC ROBERT G. KUNKEL

Briefly, investigation commenced locally based on allegations of illegally run bingo games being operated within the City of Alexandria. It became apparent that various individuals had solicited charitable organizations to apply for and receive city bingo permits and then ran games under the charity's name in violation of state statutes.

It is to be noted that this is a politically sensitive investigation owing to [redacted] position in the local party politics. As a result, the U. S. Attorney's Office has been reprimanded by Deputy Attorney General Benjamin Civiletti for comments to the news media regarding the investigation. For this reason, the Alexandria Division has taken the position of limited contact and comment to the press.

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By letter dated 12/4/78, [redacted] complained of obstructive techniques and dereliction of duty by the Agent in Charge of the Alexandria, Virginia, Field Office, Mr. Kunkel. White's letter indicated that Mr. Kunkel has deliberately and willfully obstructed the administration of justice in the courts of the Commonwealth of Virginia by refusing to cooperate.

A copy of [redacted] letter has been made available to [redacted] Counsel, Office of Professional Responsibility (OPR), Department of Justice (DOJ).

A copy of [redacted] letter to Mr. Moore dated 12/4/78, is being made available to SAC Kunkel with the request that he respond to OPR, FBI, to the allegations as set forth in [redacted] letter. Upon receipt of Mr. Kunkel's responses, they will be reviewed to determine if an investigation should be conducted by OPR concerning this matter.

RECOMMENDATION:

For information.

APPROVED: <i>WAM</i>	Adm. Serv. _____	Legal Coun. _____
Director _____	Crim. Inv. _____	Plan. & Insp. <i>OR</i>
Assoc. Dir. _____	Ident. _____	Rec. Mgnt. _____
Dep. AD Adm. _____	Intell. _____	Tech. Servs. _____
Dep. AD Inv. _____	Laboratory _____	Training _____
		Public Affs. Off. _____

*Ltr of acknowledgement
to Mr. White being
handled separately.
RK*

ms

[REDACTED]
ATTORNEY AT LAW
118 SOUTH ROYAL STREET
ALEXANDRIA, VIRGINIA 22314

TELEPHONE 836-5444

December 4, 1978

[REDACTED]
Federal Bureau of Investigation
Pennsylvania Avenue - Between 9th and 10th
Streets, N.W.
Washington, D. C.

Dear [REDACTED]

I am writing to complain officially of obstructive tactics and dereliction of duty by the agent in charge of the Alexandria, Virginia Field Office, Mr. Kunkel.

On April 21, 1978, I was appointed Special Attorney for the Commonwealth of Virginia by the Chief Judge of the Circuit Court of the City of Alexandria. My assignment is to prosecute violations of the law in regard to bingo offenses and misfeasance of public officials related thereto. This job has resulted thus far in six felony indictments for operating gambling enterprises, and one indictment for bribery. The bribery indictment is of the [REDACTED] for the City of Alexandria, [REDACTED].

Prior to my appointment the Alexandria Police Department had requested FBI assistance which was refused indirectly by Agent [REDACTED] of the Alexandria Field Office. My investigation began immediately after my appointment, and I was assisted by the members of the Alexandria Police Department and later by members of the Virginia State Police.

In mid-May a series of search warrants were executed in Alexandria against massage parlor and out-call prostitution operations by the District of Columbia Field Office of the FBI, acting in conjunction with the Alexandria Police Department.

ENCLOSURE

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*Colwell to Director
memo - 12/8/78
ATK: [initials]*

17-1-42-4

RECEIVED
CRIMINAL
INVESTIGATIVE
FRONT OFFICE

DEC 6 1 12 PM 1978

F.B.I.
U.S. DEPT. OF JUSTICE

RECEIVED
PLANNING AND
INSPECTION DIVISION
FBI

DEC 6 4 01 PM 1978

Page 2, Dec. 4, 1978

To: [redacted]

FBI

Re: Complaint against
Alex., Field Office

On May 30, 1978, the local United States Attorney and representatives of the Alexandria FBI Field Office met with me and Chief Charles Strobel of Alexandria, and announced that the FBI would enter the Alexandria bingo investigation. At that meeting I welcomed the Federal intervention and we agreed to cooperate and share information. However, at that time I made it quite clear that I was bound by my oath of office to prosecute all violations of Virginia law in the Courts for the Commonwealth of Virginia. This was understood by the United States Attorney, Mr. William Cummings and his assistant [redacted]

[redacted] Mr. Kunkel was not present at that meeting nor was [redacted]

On June 15, 1978, we were advised by Agent [redacted] of the local field office that the Federal Grand Jury would commence on July 17, and that Federal subpoenas were being issued.

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In the meantime, the local investigation proceeded and we continued to share the information developed by Alexandria and Virginia State Police officials with the FBI. To my knowledge, no new information was, nor ever has been, uncovered by the local Field Office. The case proceeded rapidly during July, and on the 28th of July, I met with the United States Attorney, his assistant [redacted] and Agents [redacted] [redacted], and [redacted] of the local Field Office. At that time, I announced that the Judges in Alexandria desired that I complete my investigation as soon as possible, if I was ready to make a conclusion, and that the matter be resolved. I informed all present that I agreed and that in my opinion the matter was ready to be resolved and that a Grand Jury had been selected to be impanelled for the City of Alexandria on August 3, 1978. I further stated that I intended to proceed with the bribery indictment on that date.

It was quite obvious that the members of the Alexandria FBI Field Office were surprised by this since they remarked that they felt that the bribery against the Commonwealth Attorney would be prosecuted in the Federal Court. Prior to that date, we had reached tentative agreement that due to the complexity of the evidence against public officials in Alexandria, it appeared that those cases would have to be prosecuted in the Federal Court. As a matter of fact, I turned over another

Page, 3, Dec. 4, 1978

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To: [redacted] FBI
Re: Complaint against
Alex., Field Office

bribery case against [redacted] to the Federal Authorities in that same month. However, I stressed most firmly from the outset that if the offense could be brought in the State Court that I felt honor bound to do so.

Mr. Cummings, the United States Attorney, readily endorsed my position and instructed the FBI at that time and meeting to continue their investigation even though the bribery case would be brought in the State Court. The attitude of the agents was apparent that they were not happy with this decision.

Shortly after the indictments were handed down in Virginia on August 3, 1978, I was informed by the Assistant United States Attorney, Mr. Henry Hudson, that since subpoenas had been issued for [redacted] return-
able to the Federal Grand Jury, and since it was possible by proper order for me to obtain access to these documents, that it would be unnecessary for me to embark on the cumbersome procedure of obtaining State subpoenas. b3

On October 11, 1978, Judge Bryan, Jr. signed an Order [redacted] under the Federal subpoenas.

Prior to October 11, I began hearing indications from Alexandria Police Detectives that the local Field Office was quite unhappy over the results of the July 28 meeting, and that Mr. Kunkel in particular felt that the bribery case should be a Federal matter handled by his office, and further, that it was admitted by several agents of the local office that they needed to do something to recoup their image since the disastrous massage parlor raid incident. There was further indication from FBI sources that they feared the entire Alexandria Office would be closed.

I was informed after receiving the Order from the Federal Court giving me access to the subpoenaed materials that the FBI had not even received the materials themselves, even though they had been subpoenaed three months earlier.

Representing me in this regard is Virginia State Police Investigator [redacted]. [redacted] seemed to be a logical choice as liaison with the local Field Office since he himself was a member

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Page 4, Dec. 4, 1978

To: [redacted] FBI

Re: Complaint against
Alex., Field Office

of the Federal Bureau of Investigation for thirty years, and I believe is known personally to you.

I complained to the United States Attorney about the dilatoriness of the local Field Office, and he cooperated splendidly by pushing Mr. Kunkel, and Agent [redacted] who seemed to be in charge of the records analysis for that office.

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Everyone involved was aware of the fact that the State bribery trial depended heavily on the obtaining of various financial records and that that trial was scheduled for December 5, 1978.

During the last several weeks, it has become quite apparent that Mr. Kunkel's interest lie elsewhere other than in the realm of cooperation. On one occasion, [redacted] informed me that Mr. Kunkel has stated that he refused to cooperate any further.

This was certainly borne out on November 30, 1978, when I intervened personally to establish a procedure by which we might obtain some records from the First American Bank of Virginia. The bank wisely stated that they must receive a request directly from Agent [redacted]. I thought this had been arranged, and to my shock, in the afternoon of November 30, I was advised that Agent [redacted] informed the bank that he did not need the records for his personal analysis and therefore would not request them. At the same time, I am told, that Agent [redacted] did state that the bank should furnish certain deposit tickets, but that there was "no hurry" about the matter.

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If Agent [redacted] a financial auditor, does not need the records for his purposes, I would be highly shocked since his purposes coincide precisely with mine, to wit: an analysis of illegal payments into [redacted] account. [redacted] may not be astute enough to realize that he needs them, but I would submit that any child could see that they are quite relevant.

I am fully of the opinion that Mr. Kunkel is behind this obstruction which has resulted in my having to go to trial on December 5 without necessary documentary evidence.

Page 5, Dec. 4, 1978

To: [redacted]

Re: Complaint against
Alex., Field Office

Mr. Kunkel, in his fit of childish picque, has deliberately and wilfully obstructed the administration of justice in the Courts of the Commonwealth of Virginia by refusing to cooperate, and I would submit that he is in contemptuous violation of the spirit, if not the letter, of Judge Bryan's Order of October 11 directing the United States to share this information with the State of Virginia.

It is quite obvious that Mr. Kunkel is afraid for his job, and I would hope most fervently that his worst fears be borne out through a full investigation of his conduct. I need not detail other incidences of Mr. Kunkel's peculiar manner of doing business of which I have become aware recently. However, I have been most shocked to learn that certain details of this investigation have been leaked to the press from Mr. Kunkel's office.

Unfortunately, I am of the opinion that I was led astray to my detriment in my reliance on the efficiency of the Alexandria FBI Field Office.

b6
b7C

I do not in any way cast aspersions on the character or ability of the United States Attorney, his assistant Mr. Hudson, or agents [redacted] and [redacted] of the local Field Office.

I do feel that an investigation of this matter is merited and I do not wish that the matter be aired in public. However, due to the nature of the allegations made in the forthcoming trial, it will be necessary for me to make certain comments concerning the role of the Federal Government in this case, in order to answer the defenses' contention that we are both prosecuting for the same offense. At this point, I do not know what my response will be. However, to me the Federal participation has not only been useless, but now I realize that it has been an obstruction.

Sincerely, *al. 11*

[redacted]

EJW/b

March 15, 1979

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Mr. Kunkel:

Provisions of Public Law 93-350, which was approved July 12, 1974, require a Federal law enforcement officer, who is otherwise eligible for immediate retirement under Section 8336(c) of Title 5, United States Code, to be separated on the last day of the month in which he becomes 55 years of age if he has at least 20 years of law enforcement service; further, the effective date of the mandatory retirement aspect of this law was established as January 1, 1978. Therefore, your mandatory retirement will be effective no later than May 31, 1979.

This communication is to provide you with at least 60 days' notice prior to the effective date of your mandatory retirement. The submission of your Application For Retirement several weeks prior to the above date will permit the Bureau to efficiently process your case for transmission to the Office of Personnel Management.

Sincerely yours,

William H. Webster

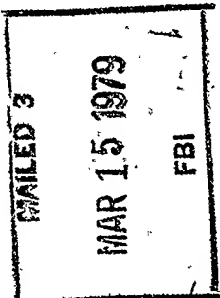
William H. Webster
Director

las
(3)

REC-134

334343-479
Searched.....
2 MAR 21 1979 36

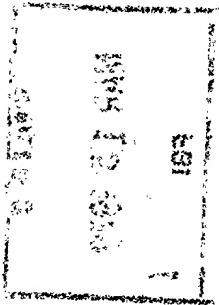
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____



MAR 21 1979
MAIL ROOM ☒

101

mer



MAR 15 3 50 PM '79

RECEIVED
READING ROOM
FBI

REC'D READING ROOM
FBI

MAR 15 5 23 PM '79

WILLIAM H. WELSH

TERMINATION SECRECY AGREEMENT
CLASSIFIED SENSITIVE COMPARTMENTED INFORMATION

1. I acknowledge that, by virtue of my duties, I have received or been exposed to classified sensitive compartmented information, the unauthorized disclosure or negligent handling of which could adversely affect the interests of the United States Government. I am aware that the unauthorized disclosure of classified information is prohibited by the Espionage Laws (Title 18, U. S. Code, Sections 792-798) and the Internal Security Act of 1950, Section 19, P. L. 831, (81st Congress) and that a violation of these laws may subject me to prosecution by the United States Government.

2. I hereby reaffirm my pledge that I will never publish or reveal by any means classified sensitive compartmented information. I agree further that I do not now, nor will I ever, possess any right, interest, title or claim whatsoever to such information. I recognize the full and vested property right of the United States in such matters.

3. I certify that I have surrendered and no longer have in my possession or custody any classified compartmented information or material acquired as a result of this association.

4. I further acknowledge and agree that I have a continuing individual responsibility to the United States Government for the protection of classified sensitive compartmented information and that the termination from this relationship with my employer and/or the United States Government does not relieve me of my obligations under this agreement or any other previously-executed Secrecy Agreements. I understand that I will not be relieved of these obligations except when specifically advised in writing by the sponsoring activity of the United States Government.

5. I understand that this document may be retained by the United States Government for its future use in any manner within the scope of this agreement.

6. I take this obligation freely, without any mental reservation or purpose of evasion and in the absence of duress.

Date <i>April 4, 1979</i>	Signature <i>Robert T. Bunker</i>
Witness' Signature <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Printed Name & SSN (See Reverse) <i>Robert T Bunker</i> <i>316-16-9003</i>
Witness Printed Name <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Organization <i>FBI, Alexandria, Va.</i>
<i>SI-TK</i>	

b6
b7c

One Briefing Access
(over)

67-NOT RECORDED
3 APR 11 1979

91

Hgm

The Privacy Act, Public Law 93-579, requires that Federal agencies inform individuals when they are asked to provide their Social Security Account Number (SSN) whether the disclosure is mandatory or voluntary, by what authority such number is solicited, and what uses will be made of the SSN. Disclosure by you of your SSN is voluntary. The authority for this solicitation is Executive Order 9397. The SSN is used as an identifier in removing your authorized access to classified information. Failure to provide this SSN may delay the processing required in accessing authority removal.

UNITED STATES GOVERNMENT

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION*Memorandum*TO : Assistant Director
Administrative Services Division

DATE: 2-6-79

FROM : Legal Counsel

SUBJECT: UNITED STATES v. [REDACTED] ET AL.
CRIMINAL NUMBER 78-000179, DISTRICT OF COLUMBIA

Dir. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgmt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

At 2 p.m., on February 6, 1979, [REDACTED] counsel for [REDACTED] in captioned prosecution, called and requested assistance in arranging for interviews to be scheduled on Tuesday, February 13, 1979, commencing at 9:30 a.m. in a conference room in the FBI Headquarters Building. He requested that the following persons be scheduled for such interviews with approximately one hour allocated for each interview to the extent that they are available in the Washington, D.C., area:

[REDACTED]

Robert Kunkel

[REDACTED]

[REDACTED]

b6
b7C

The Administrative Services Division is requested to determine the current locations of the persons included in [REDACTED] list and request them to appear for interview by [REDACTED] in Room 7426 on February 13, 1979. The Administrative Services Division is also requested to determine the availability of these persons and list an appropriate time schedule of interviews.

RECOMMENDATION:

That the Administrative Service Division advise [REDACTED] telephone number [REDACTED] of the names and times of persons who will be available for interview by [REDACTED] on February 13.

1 - Mr. Mintz

1 - Personnel files of [REDACTED]

[REDACTED] Robert Kunkel, [REDACTED]

b6
b7C

JAM:bpr

NOT RECORDED

9 FEB 28 1979

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

FBI

TRANSMIT VIA:

☐ Teletype
☐ Facsimile
☒ AIRTEL

PRECEDENCE:

☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION:

☐ TOP SECRET
☐ SECRET
☐ CONFIDENTIAL
☐ UNCLAS E F T O
☐ UNCLAS

Date 1/15/79

Asst. Dir.:	
Adm. Serv.	
Crim. Inv.	
Ident.	
Insp.	
Intell.	
Lab.	
Legal Coun.	
Plan. & Insp.	
Rec. Mgmt.	
Tech. Serv.	
Training	
Off. of Cong. & Public Affairs	
Director's Sec'y	

TO: DIRECTOR, FBI
 (ATTN: ADM. SERVICES DIV.)

FROM: SAC, ALEXANDRIA

ROBERT G. KUNKEL 316-16-9003
 SPECIAL AGENT IN CHARGE
 ALEXANDRIA DIVISION
 RESTORATION OF ANNUAL LEAVE

311
 240
 71

It is requested 71 hours of forfeited annual leave be restored.

Annual leave for captioned employee was scheduled at FBIHQ via FD-282a dated 9/14/78; annual leave was scheduled from 12/18/78 through 12/29/78, amounting to nine days.

Approved leave was subsequently cancelled at the direction of FBIHQ due to a bona fide work exigency in connection with Bufile 65-76510, AXfile 65-298. Work exigency determined to exist on 12/1/78, and is continuing at present.

Leave has not been rescheduled due to continuation of work exigency.

2 - Bureau
 1 - Alexandria

WJD:IAT
 (3)

67 NOT RECORDED
 10 MAR 27 1979

let ask
 3/19/79
 WRR:law

Approved: (53)

Transmitted (Number)

(Time)

Per

109

MAIL ROOM
ADMINISTRATIVE
SERVICES
DIVISION

JAN 16 12 15 PM '79

8
1/16/79

12-19-78

Director, FBI

Service Award Scroll

SAC, Alexandria

Robert G. Kunkel

There is being forwarded to you under separate cover your 35-Year Service Award Scroll which is in conformance with recent policy change that military time not be deducted from Bureau time for awarding of service awards.

1 - package

SMT:rr

(5)

LMB
WMS

Assoc. Dir.	
Dep. AD Adm.	
Dep. AD Inv.	
Asst. Dir.:	
Adm. Servs.	
Crim. Inv.	
Ident.	
Intell.	
Laboratory	
Legal Coun.	
Plan. & Insp.	
Rec. Mgmt.	
Tech. Servs.	
Training	
Public Affs. Off.	
Telephone Rm.	
Director's Sec'y	

NOT RECORDED

2 JAN 8 1979

64

MAIL ROOM

(alex.)
REPORT OF MEDICAL EXAMINATION

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT G.			2. GRADE AND COMPONENT OR POSITION S.A.C.		3. IDENTIFICATION NO. F.B.I.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 22-March 79	
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 17-MAY-24		13. PLACE OF BIRTH IND.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS KRAMC				16. OTHER INFORMATION SO# 316-16-9003		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) _____ LAST SIX MONTHS _____		

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

29 144 mI, 12/10/77 - Full range

Built SAC
w/ copy photo
Auto auto
8 Dent
3-29-79
228

REC-143

301 ENCLOSURE

mod. Keph sealer

67-034343-495	
Searched.....	Numbered.....
9 APR 2 1979	

NOTE
DENTAL
Cavity
(Continue in item 73)

3/29

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES												
Restorable teeth						Non-restorable teeth						Missing teeth						Replaced by dentures						Fixed Partial dentures						L E F T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9							
R I G H T																														

class 3

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.016		46. CHEST X-RAY (Place, date, film number and result) 316-16-9003- SEE-REPORT	
B. ALBUMIN NEG		D. MICROSCOPIC ESS-NEG	
C. SUGAR NEG		E. OTHER TESTS SEE - S.M.A.C. REPORT CHIT	
47. SEROLOGY (Specify test used and result) ART-NON REACTIVE		48. EKG SEE REPORT	
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	

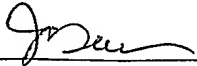
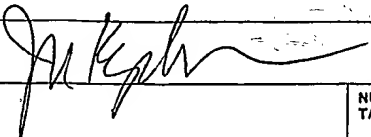
3 APR 4 1979

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68 1/2		52. WEIGHT 175		53. COLOR HAIR brown		54. COLOR EYES brown		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 97.4	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 110 DIAS. 70		B. RECUM-BENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 70		B. AFTER EXERCISE		C. 2 MIN. AFTER	
D. RECUMBENT		E. AFTER STANDING 3 MIN.									
59. DISTANT VISION RIGHT 20/ 400+ CORR. TO 20/ 20 LEFT 20/ 400 CORR. TO 20/ 20						60. REFRACTION BY S. CX BY S. CX					
61. NEAR VISION J=1+ CORR. TO J=1+ CORR. TO											
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) Pip Passed				65. DEPTH PERCEPTION (Test used and score)			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION 3041072 .5.0 OD 17.2 OS 10.7			
70. HEARING RIGHT WV /15 SV /15 LEFT WV /15 SV /15				71. AUDIOMETER 250 500 1000 2000 3000 4000 6000 8000 256 312 396 500 636 800 1000 1250 RIGHT 5 0 10 15 10 X X LEFT X 15 0 0 5 5 X X							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (<i>Specify</i>)		76. A. PHYSICAL PROFILE					
		P	U	L	H	E	S
77. EXAMINEE (<i>Check</i>)		B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR							
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE 					
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (<i>Indicate which</i>) Joseph L. Konzelman COL. D.C.		SIGNATURE 					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE				NUMBER OF ATTACHED SHEETS	
						1	

MEDICAL RECORD COPY

RADIOLOGICAL CONSULTATION REPORT
Walter Reed Army Medical Center

PATIENT'S NAME KUNKEL, ROBERT C.		D.O.B. 54Y	SEX M	RACE	DATE OF EXAMINATION 22MAR79 20:10	
FMP	SPONSOR'S SSN 516-16-9003	PRIMARY RX. FAC. CD.		SPECIALTY RECORD		INPATIENT N
WARD/CLINIC 100C	REGISTER NO.	PATIENT'S PHONE NO.		REFERRING PHYSICIAN KOLMANN		

PROVISIONAL CLINICAL DIAGNOSIS AND REASON FOR EXAMINATION
ANNUAL PE

FINDINGS

CHEST, PA/LATERAL

ANTERIOR WEDGING T- 7, 8, 9 WITH MODERATE KYPHOSCOLIOSIS.
NO OTHER ABNORMALITY.

WILLIAM S. GRABOWSKI, M.D

ENCLOSURE

67-334343-495

Technicon SMAC System

CHART
PREPARED TO THE
SPECIFICATIONS OF:

WALTER REED ARMY MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
WASHINGTON, D.C. 20012

COPYRIGHT © 1972 by TECHNICON INSTRUMENTS CORPORATION TECHNICON CHART NO. 033-0829-01A

FBI

AGE
54

316-16-9003

KUNKEL, ROBERT G.

SOCIAL SECURITY NUMBER

PATIENT'S NAME

PE

122675

DOCTOR'S NAME

LOCATION

ID#

REMARKS

03/22/79 11:03

356

DATE/TIME

SEQUENCE NO.

THOMAS F. ZUCK, LTC, MC
CHIEF, DEPT. PATHOLOGY

86 125 > 50 YRS. 70 115 < 50 YRS.	Glucose 91. mg/dl
40 26	Urea Nitrogen 12. mg/dl
0.7 1.5	Creatinine 1.2 mg/dl
136 145	Sodium 139. meq/L
3.5 5.0	Potassium 4.4 meq/L
95 106	Chloride 103. meq/L
20 20	Carbon Dioxide 29. meq/L
3.9 9.0 MALE 22 7.7 FEMALE	Uric Acid 6.0 mg/dl
6.0 8.5	Total Protein 6.5 g/dl
3.0 5.5	Albumin 4.0 g/dl

Total Bilirubin 0.6 mg/dl	0.2 1.2
Alkaline Phosphatase 74. U/L	30 115
SGPT 13. U/L	9 45
SGOT 14. U/L	9 41
LDH 153. U/L	60 200
CPK 58. U/L	9 225
Calcium 9.4 mg/dl	8.5 10.5
Inorganic Phosphorus 2.6 mg/dl	2.5 4.2
Cholesterol 181. mg/dl	150 330 > 40 YRS. 140 270 < 40 YRS.
Triglycerides 69. mg/dl	30 135

ENCLOSURE

607-334343-495

EDICAL SYSTEMS DEVELOPMENT LABORATORY - HEART DISEASE CONTROL PROGRAM
COMPUTER PROCESSED ELECTROCARDIOGRAM
WALTER REE ARMY INSTITUTE OF RESEARCH

F.B.I.

NAME KUNKEL, ROBERT C.

TEST ID 20316169D03 TAPE WRGH DATE 22MAR 79 WARDNO 097 SEQ. 21

YR S/R CODE 1 MALE 5 FT 8 1/2 IN 175 LBS REMARKS

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
00	.00	.14	.06	.07	.00	.11	.05	.00	.07	.07	.06	.07
01	.00	.11	.06	.08	.00	.09	.04	.00	.11	.11	.08	.07
02	.00	.00	.00	.00	.00	.00	.03	.00	.00	.00	.00	.00
03	.00	.00	.00	.00	.00	.00	.03	.00	.00	.00	.00	.00
04	.00	.24	.47	.00	.00	.35	.00	.00	.00	.07	.14	.16
05	.00	.03	.04	.00	.00	.04	.00	.00	.00	.02	.02	.03
06	.36	.47	.20	.10	.29	.25	.22	.34	.49	1.22	1.01	.72
07	.04	.03	.04	.03	.04	.05	.03	.03	.04	.03	.03	.04
08	.18	.00	.00	.33	.20	.00	.72	.98	.86	.45	.19	.00
09	.03	.00	.00	.03	.03	.00	.06	.07	.04	.04	.04	.00
10	.02	.05	.03	.02	.05	.02	.03	.07	.02	.01	.01	.02
11	.01	.02	.02	.00	.02	.01	.03	.07	.02	.01	.00	.00
12	.01	.01	.01	.00	.02	.03	.04	.12	.07	.02	.00	.01
13	.19	.08	.14	.11	.13	.06	.12	.52	.52	.30	.21	.11
14	.00	.14	.14	.14	.00	.14	.14	.00	.15	.15	.14	.12
15	.07	.06	.08	.06	.07	.09	.09	.10	.08	.09	.09	.07
16	.38	.40	.35	.37	.38	.42	.36	.39	.38	.41	.39	.40
17	.75	.75	.71	.72	.72	.72	.73	.73	.72	.77	.77	.75
18	40E	40E	2	3	3	3	2	2	2	3	3	4
19	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*
20	XIS IN	P	QRS	T	Q	R	S	STO	ST-T	QRS-T		
21	EGREES	82	-3	-9	-60	44		66	75	6		

WRGH VERSION
E2 31DEC1975

9999 RECORD NOT STANDARDIZED

2413 ATYPICAL QRS OR ARTIFACTS

5532 ABNORMAL Q OR QS
2 LEADS 2, 3, AVF

8311 QRS NEGATIVE IN AVF

1 CM CALIBRATION ASSUMED

EXCLUDE PREMATURE CONTRACTIONS

CONSISTENT WITH OLD INFARCT -
DIAPHRAGMATIC

EXCLUDE L.A.D.

ABNORMAL ECG

Q

J. Raven M.D.

see 88
form #29
HX MI
1977

ENCLOSURE

67-33 4343-495

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee _____
(Type or print)

KUNKEL
Last

ROBERT
First

G.
Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-334343-495

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large.

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

J. F. WOLLMAN, M.D.

Signature of Medical Examiner

22 MAR 1979

Date

UNITED STATES GOVERNMENT

Memorandum

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. ☒ _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

TO : Mr. Long *PEL sent*

DATE: 4-6-79

FROM : S. R. Burns *SRB sent*

SUBJECT: ROBERT G. KUNKEL
SPECIAL AGENT IN CHARGE
ALEXANDRIA OFFICE
EOD: 6-29-42
PRESENTATION OF RETIREMENT PLAQUE

Mr. Robert G. Kunkel, Special Agent in Charge of the Alexandria Field Office, is retiring effective 5-31-79, ceasing active duty same date. Mr. Kunkel has advised that he will be available to receive his award from the Director at the Director's convenience.

An appropriate Retirement Plaque has been ordered.

RECOMMENDATION:

That this memorandum be forwarded to Director Webster so that he may indicate whether he will be available to present Mr. Kunkel's Retirement Plaque and, if so, what date and time would be convenient for him.

67-3373-196
Searched..... Numbered.....

3 APR 19 1979

APPROVED:

Director _____
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. *PEL sent* _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____

Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____

b6
b7C

- 1 - [] (Sent Direct)
1 - Telephone Room (Sent Direct)
SMT: cab
(4) *BKK sent*

MAY 3 1979
REMOVED 1979 SRD

APR 19 1979

U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

3-WH
RS sent conf
app to SAC, AX
4/18/79 sent

MAIL ROOM
ADMINISTRATIVE
SERVICES
DIVISION

APR 17 9 11 AM '79

RECEIVED-DIRECTOR
FBI

APR 9 4 36 PM '79

Requested By <i>Northern VA</i>		Date <i>4-4-79 9:15</i>
Phone # <i>750-7716</i>		Social Security Account No.
Name of Employee or Former Employee (include Maiden Name) <i>Mary</i> <i>KUNKEL, Robert G</i>	Desired Information <input checked="" type="checkbox"/> 1. Verification of Employment <input type="checkbox"/> 2. Personnel Record Check	
Additional Information Including Reason for Inquiry		

EOD 6-29-42
GS 17
\$ 47,500
Supv S.A.

Action Taken

3/dks

b6
b7C

67-NOT RECORDED

4 APR 6 1979

Employee Who Handled Inquiry

SAC, ALEXANDRIA

3-29-79

PERSONAL ATTENTION

Director, FBI

ROBERT G. KUNKEL
SPECIAL AGENT IN CHARGE
PHYSICAL EXAMINATION MATTER

☐ ReBulet _____☐ Reurlet _____☒ Re Physical Examination 3-22-79☐ Advise Bureau date captioned employee scheduled for physical examination.☐ Submit Physical Examination Report.☐ Advise Bureau re physical condition.☐ Advise Bureau if dental work has been completed.☐ Advise Bureau if vision has been corrected to 20/20.☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
☐ Submit Bureau of Employees' Compensation forms.☐ Advise if medical bills submitted have been paid.☐ Submit reply by _____☐ Insure Agent is aware of the necessity of wearing ear protectors when on the firearms range.

☒ Enclosed is copy of your annual physical examination report which should be reviewed and initialed by you and placed in your field personnel file. Please be aware that according to OPM, it is necessary for you to wear corrective glasses while driving a Government vehicle. Also, note the dental work that needs to be corrected.

Enclosure

 DGS
 (2)

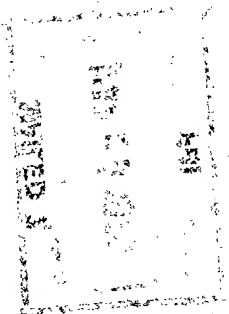
 3 APR 1 1979
 MAIL ROOM

FBI/DOJ

3 UNIT-101

REC'D MAIL ROOM
FBI

MAR 29 4 38 PM '79



[Illegible typed text]



Report of Exit and Separation
FD-193 (Rev. 9-20-78)TO: DIRECTOR, FBI
(ATTN: ROOM 6066)
FROM: SAC, ALEXANDRIA

DATE: 3/26/79

Name of Employee: ROBERT G. KUNKEL
EOD Date: 7/11/49 (SA)
6/29/42 (Clk) Title: SPECIAL AGENT IN CHARGE

Last Local Address: Forwarding Address (include Zip Code, if known)

Same

Cease-active-duty Date (hour and last day physically at work)

5/31/79, 5 p.m.

Working Hours (include workweek if other than Monday - Friday)

8:15 am - 5 pm

Interview Conducted By (Signature)

Title

SPECIAL AGENT IN CHARGE

LEAVE DATA

Leave category

☐ 4☐ 6☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date.

AL*383 SL 2522

Hours of annual leave carried over at beginning of current leave year.

AL*311

Leave to be used prior to cease-active-duty date

Note: Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation. *Includes 71 hrs restored leave.

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL 0 SL 0

READ BEFORE INTERVIEWING

Purposes:

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item N. Comments.

A.

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)

8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B.

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)

Check both reason and type.

Reason:

- ☐ a. Promotional

- ☐ b. Enter different field

Type:

- ☐ a. Other Government employment

- ☐ b. Private industry

- ☐ c. Self-employment

17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School; ☐ locally; ☐ other area

22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal
- ☐ All involuntary separations
- ☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement
- ☐ Optional (including liberalized); give reason
- ☐ Disability
28. ☐ Other (Explain under comments)

- C. Employee was advised by interviewing official that employment information beyond name, past and present positions, titles, grades, salaries, duty stations, and reason for separation as shown on the Notification of Personnel Action may be disseminated if a prospective employer is a Federal Agency or a state or local agency within the criminal justice community, without the written consent of the employee. (initials of interviewing official)

- D. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No
2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item N. Comments.
3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No N/A

FBI/DOJ

4 MAR 30 1979

D. (CONTINUED)

4. If answer to either question 1 or 3 above is "yes":

- a. ☐ Advised employee of money due being held in abeyance until determination is made as to any indebtedness.
b. ☐ Advise Bureau of resignation, Attention Data Processing Section on _____
by ☐ teletype ☐ telephone

E. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)

F. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.

G. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No

H. If employee is resigning for maternity purposes, appropriate block must be marked:

- ☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)

I. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No

J. Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No

K. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No

L. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, JEH Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No

M. The retiring employee is qualified and desires the ☐ 20-year plaque ☐ 25-year plaque ☒ 30-year plaque.

N. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

Public Law 93-350

O. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

P. For SA Employees Only. Have reason(s) for resigning been thoroughly discussed with employee? Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employees control? ☐ Yes ☐ No N/A

Q. Recommendations re reinstatement: ☐ Yes ☐ No (If No, explain why.)

N/A

Assoc. Dir.	_____
Dep. AD Adm.	_____
Dep. AD Inv.	_____
Asst. Dir.:	_____
Adm. Servs.	_____
Crim. Inv.	_____
Ident.	_____
Intell.	_____
Laboratory	_____
Legal Coun.	_____
Plan. & Insp.	_____
Rec. Mgnt.	_____
Tech. Servs.	_____
Training	_____
Public Affs. Off.	_____
Telephone Rm.	_____
Director's Sec'y	_____

FBI/DOJ

Alexandria, Virg
March 26, 1979

The Honorable William H. Webster
Director
Federal Bureau of Investigation
U. S. Department of Justice
Washington, D. C. 20535

*may
lmb* *Toley*

Dear Judge Webster:

In accordance with the mandatory retirement provisions of Public Law 93-350, I am applying for retirement to be effective May 31, 1979. I have thoroughly enjoyed the variety of assignments during my thirty-year career as a Special Agent, and particularly those experienced during the last nine years while serving as a Special Agent in Charge.

The future of the Bureau appears assured under your capable leadership, and I want to wish you continued success and good health.

My forwarding address is *ASU-102*

67-334343-4109

Searched..... Numbered.....

3 MAY 15 1979 *86*

b6
b7C

Sincerely,

Robert G. Kunkel
ROBERT G. KUNKEL
Special Agent in Charge

*ack 3/27/79
w/hw/mgr*

*let ack
4-10-79, Hw/vac*

THREE
lmb

24 DIRECTOR

24 MAR 27 '79

RECEIVED-6:30 PM
FBI

MAR 27 12 01 PM '79

RECEIVED-DIRECTOR
FBI

MAR 27 11 56 AM '79

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

MAR 29 10 35 AM '79

EMPLOYEE SERVICE STATEMENT

(See Information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE KUNKEL, ROBERT GEORGE	MR.-MISS-MRS.	2. BIRTH DATE (Mo., Day, Yr.) 5-17-24	3. SOCIAL SECURITY NO. 316-16-9003	4. STATEMENT NO. 1
--	---------------	--	--	------------------------------

5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS YES NO	IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO:	DAY	YR.	YRS.	MOS.	DAYS		
A. PREVIOUS CIVILIAN SERVICE											
B. SERVICE PERFORMED IN THIS AGENCY	6	29	42	5	31	79	34	0	5	X	
C. MILITARY SERVICE	3	27	43	2	24	46	2	10	28*		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➔							36	11	3		

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM — YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

☐ NONE — TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT

☐ LUMP SUM REFUND ONLY

☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

☒ IMMEDIATE ANNUITY

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

***Military LWOP from FBI.**

8. SIGNATURE OF EMPLOYEE <i>Robert G. Kunkel</i>	DATE 4/11/79	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS FEDERAL BUREAU OF INVESTIGATION ROOM 6065 J. EDGAR HOOVER BUILDING 10th STREET & PENNSYLVANIA AVE, N. W. WASHINGTON, D. C. 20535
9. SIGNATURE OF AGENCY OFFICIAL <i>L. Ray Burns</i>	DATE 4-10-79	
10. TITLE OF AGENCY OFFICIAL Personnel Officer		

2815-101

STANDARD FORM 2815
MARCH 1974
FPM SUPPLEMENT
831-1

NOT RECORDED
2 APR 19 1979
Official Personnel Folder Copy — Completion Instructions on Reverse

INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

Items 1-3 Must agree with SF-50.

Item 4 Number statements in consecutive order.

Item 5 Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.

Item 6 Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (*Only one box is to be checked*).

None — Check if the employee transfers to another position subject to the Civil Service Retirement System.

Refund Only — Check if the employee fails to meet either of the two general requirements for retirement upon separation: (A) 5 years total civilian service **and** (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

Deferred Annuity or Refund — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

Immediate Annuity — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission.
50	20	
Any age	5	Total disability; "one of two" rule, above, does not apply.

Item 7 Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.

Item 8 The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.

Mandatory. Review view of
Sec. 8335, 54 USC, as amended by
P.L. 93-350, app. 7-12-74, act.
eff. 5-31-77. answer to letter
6-1-79.

April 10, 1979
PERSONAL

WFS, K5, 5756 purp
P.W.

Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Bob:

In regard to my recent letter to you concerning
retirement, detailed information which will be of interest to
you is enclosed.

Sincerely yours,

William H. Webster

William H. Webster
Director

HW:vac (7)

ENCLOSURE

REC-131

67-334343-498
Searched..... Numbered.....
MAY 23 1979

MAILED 3
APR 10 1979
FBI

Enclosures (3)

- 1 - Pay Administration Subunit
- 1 - Voucher and Payroll Section (Sent Direct)
- 1 - Physical Examinations Subunit (Last physical on 3-9-78)
- 1 - Public Affairs Office (LEB) - SAC Kunkel's cease active duty date
is 5-31-79. EOD 6-29-42, Junior Clerk-Typist; Military LWOP 3-30-43
to 3-8-46; 7-11-49. SA (A). Forwarding address:

NOTE: SAC Kunkel is qualified by age and service for retirement under
liberalized provisions of the Civil Service Retirement Act. He is assigned
as Special Agent in Charge, Alexandria Office, in GS-17, \$47,500 per annum.

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

MAY 25 1979
MAIL ROOM ☒

Public Affairs Office

APR 10 3 06 PM '79

APR 10 12 38 PM '79

RECEIVED

READING ROOM

RECEIVED
FBI
JAN 10 1964

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the study. The investigator must first identify the problem that he or she is studying. This is done by the investigator who is responsible for the study. The investigator must first identify the problem that he or she is studying.

1 - Mr. J. Edgar Hoover ()
2 - Mr. Clegg ()
3 - Mr. Glavin ()
4 - Mr. Ladd ()
5 - Mr. Nichols ()
6 - Mr. Rosen ()
7 - Mr. Tracy ()
8 - Mr. Carson ()
9 - Mr. Egan ()
10 - Mr. Gurnea ()
11 - Mr. Hendon ()
12 - Mr. Pennington ()
13 - Mr. Quinn Tamm ()
14 - Mr. Nease ()
15 - Miss Gandy ()

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY SP-6 BTJ/KJS

100 (1)

Journal of Management Inquiry

RETIREMENT INFORMATION

Name: **Robert G. Kunkel**Date: **4-10-79**

APPLICATION

☒ The "Application for Retirement" will be forwarded by the Bureau to the Office of Personnel Management (OPM) for processing.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to OPM; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with OPM. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit you should submit a note over your signature to be attached to your Application for Retirement (Standard Form 2801) requesting amount due and you will be given the opportunity to make a lump-sum payment before completion of retirement processing by OPM. An applicant for retirement is automatically given an opportunity to make a redeposit at the time the application for retirement is processed by OPM. OPM desires that an employee not file an Application for Deposit or Redeposit (Standard Form 2803) if retirement is contemplated within six months.

☒ Not applicable.

☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$_____.

☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$_____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 1 year, 2 months, 18 days of accrued sick leave, ☐ other civilian Government service and/or ☒ military service known to us, totalling 37 years, 10 months, 18* days. OPM makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement cannot be made final until OPM has notified FBI of the approval of your application.

Voluntary Contributions

TYPES OF ANNUITY

Married applicants only

☒ Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) \$_____

☒ Annuity Without Survivor Benefit \$_____

Unmarried applicants only (Including Widowed or Divorced)

☐ Annuity without Survivor Benefit \$_____

☐ Reduced Annuity With Benefit to Person having an Insurable Interest \$_____

☐ Survivor Annuity (55% of all or the portion of your annuity specified) \$_____

plus annuity for each eligible child.

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 5-31-79 your annuity will commence 6-1-79 immediately following the ☒ cease active duty date or ☐ expiration of sick leave on _____

earned through _____. Item B2 on application ☐ changed to ☐ should be changed to close of business _____.

If sick leave was or will be used by you, this may change the effective date of your retirement and shorten your total length of service.

☐ If retirement is for disability, separation takes effect after the approval of OPM is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. OPM will advise you of this amount.

☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. OPM will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.

☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.

☒ You should send OPM over your signature any change in address, setting out your CSA (retirement) number.

☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 6975**. If it is necessary for you to use annual leave prior to your cease active duty date, the lump-sum payment you receive will, of course, be less. A deduction for Federal income tax has been made from this estimate.

***Based on 2-28-79 computation with the 3.9% cost-of-living increase that was effective 3-1-79, included; this is a greater annuity than that earned as of 5-31-79 and therefore, you do not receive credit for service from 3-1-79 to 5-31-79, for annuity earning purposes.**

****This includes 71 hours of restored annual leave.**

ENCLOSURE

See Page 2

FBI/DOJ

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☒ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ 50,000.
☐ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ _____.
☐ Records show you waived both Regular and Optional Insurance.

You may continue your regular group life insurance coverage following retirement without further cost if you have completed 5 years of creditable civilian service and have been insured under the program for the five years of service immediately preceding retirement (or the date you become eligible for compensation benefits), or the full period(s) of service during which the regular life insurance was available to you, if less than five years, or you may convert your coverage to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to OPM and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, OPM will deduct the cost from your annuity. You must have had Optional Insurance for 5 years immediately before your retirement (or the date you become eligible for compensation benefits), or if less than five years, for the full period of service during which it was available to you. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying OPM and still keep your Regular Insurance. Following retirement, accidental death and dismemberment benefits no longer exist for either Regular or Optional Insurance. ☐ You elected Optional Insurance on _____. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his/her regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
☐ Yes; beneficiary designated as _____

This designation is being forwarded to OPM and it will remain valid unless changed or canceled. Contact OPM for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
☒ Records show you enrolled in the following plan:
☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
☐ Comprehensive Medical Plan
☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to OPM. The cost of your share of the plan will be deducted from your annuity by OPM.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCES - The Group Life Insurance you carry under SAMBA on yourself and dependents to age 22 will continue in force until 1-1 or 7-1 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 22. At age 70 you can continue amounts carried prior to age 70 up to a maximum of \$10,000 on yourself and \$5,000 on your spouse. You may continue the Personal Accident Insurance at the same rates and amounts until you reach age 65 on you and your spouse and unmarried dependent children under age 22. Upon attainment of age 65, you may retain present coverage up to \$50,000 of the Personal Accident Insurance for yourself and your spouse until you reach age 75 with the cost being 18¢ per month per thousand. If you are enrolled under the Disability Income Protection (DIP) (Hospital Income Protection, Long Term Disability Benefit and Pension Supplement), you cannot continue this coverage unless you retire for disability. Benefits may be available under DIP for disability retirements. If you desire to convert or continue any of your present insurance coverages under SAMBA, you should, immediately or no longer than 31 days after retirement, write to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. Upon retirement your premium cannot be withheld by payroll allotment and you will be billed on a semi-annual basis on January 1st and July 1st.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) - The Group Life Insurance you carry under SATI on yourself and dependents to age 21 may be continued after retirement to age 55 with no change in premium or coverage. At age 55, your coverage will be reduced by 5% a year until you reach age 65 or if you retire at age 60, your coverage will be reduced by 10% a year until age 65. This coverage terminates at age 70. You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65 on you and your spouse and your unmarried dependent children from ages 1 to age 24 if residing with and wholly dependent upon you and regularly attending an accredited school or college. Upon attainment of age 65 you may only continue your present coverage of the Accidental Death and Dismemberment up to \$25,000 on you and your spouse until you reach age 75 with the cost being 19¢ per month per thousand. The Accident Indemnification cannot be continued after age 65. The Accident Indemnification claims must be coordinated with any plan under the Federal Employees Health Benefits Program. If enrolled under the SATI Retirement Savings Plan, you should contact Wright & Company regarding options available to you. If you are enrolled under the Long Term Disability (LTD) (In-Hospital Income, Salary Continuation and Pension Supplement), you cannot continue this coverage unless you retire for disability. Benefits may be available under LTD for disability retirements. If you desire to convert or continue any of your present insurance coverages under SATI, you should, immediately or no longer than 31 days after retirement, write to Wright & Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036. Upon retirement your premium cannot be withheld by payroll allotment and you will be billed on a monthly, quarterly, semi-annual or annual basis.

ENCLOSURES

- ☐ Standard Form 2801, "Application for Retirement"
☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
☒ Pamphlet, "Your Retirement System"
☐ Standard Form 2801-B, "Physical Statement," for disability retirement.

Mr. Robert G. Kunkel

(Continued)

Enactment of P. L. 93-350 (approved 7-12-74) now means that a Federal law enforcement officer achieves the 80% maximum permitted annuity after 35 years service (formerly required 40 years). All retirement deductions withheld after the month of service required to meet the 35 years limit (in your case 6-1-77) are set aside for special credit along with 3% interest compounded annually until the date of retirement. As of 5-31-79, in your case, this will amount to \$6824.24. This latter amount may be refunded to you in cash at your option or it may be applied to purchase of additional annuity. Should you apply it as voluntary contributions, your estimated reduced annuity of \$2880 per month would be increased by \$37 or \$2917 monthly. It may be noted that such would require over 15 years before the \$37 increase would equal the available refund.

OPM has advised that you must immediately submit a written request for the \$6824.24 refund, if that is your choice, over your signature addressed to the Office of Personnel Management, Bureau of Retirement, Insurance and Occupational Health, Washington, D.C. 20415. Otherwise, it will automatically be applied toward the purchase of additional annuity. Any such letter should be forwarded to the Bureau, Attention - Voucher and Payroll Section, for transmittal to the OPM.

INFORMATION IN SUPPORT OF CIVIL SERVICE RETIREMENT APPLICATION

This form is *not* an Application for Retirement (SF 2801). Employing office must complete both sides of this form and attach it to the employee's SF 2801. For instructions regarding completion of this form see FPM Supplement 831-1.

SECTION A—IDENTIFICATION

1. Name of Applicant (<i>Last, first, middle initial</i>)	3. Date of Birth (<i>Mo., Day, Year</i>)	6. Social Security Account Number
KUNKEL. ROBERT G.	5-17-24	316-16-9003
2. List All Other Names Used (<i>Maiden name, AKA, spelling variants</i>)	4. Other Birth Dates Used	7. Service Computation Date
KUNKEL, ROBERT GEORGE		6-29-42
	5. Military Serial Number	
	35727915	

SECTION B—VERIFIED SERVICE HISTORY DOCUMENTED IN OFFICIAL PERSONNEL RECORDS

Federal Agency or Military Service Branch	Appointment, Separation, or Conversion Dates for Civilian and Active Honorable Military Service		Name of Retirement System	Remarks and Non- Creditable Time	Creditable Time		
	From	To			Yrs.	Mos.	Days
FBI	6-29-42	5-31-79	CS	Mandatory Law Enforcement	34	0	5
Active Duty U. S. Army	3-27-43	2-24-46	Mil.	Honorable Military LWOP from FBI	2	10	28
TOTAL CREDITABLE SERVICE					36	11	3

SECTION C—APPLICANT'S CERTIFICATION

- ☐ The Above Service is Complete. Note: Be sure there is enough service listed above for the type of retirement you are applying for.
- ☐ I Have Additional Service. (*If additional service is claimed, attach signed statement giving dates, position, title and location of employment, including agency, bureau and division. Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on a SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.*)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section D (reverse).

Signature

Date

ENCLOSURE

SECTION D—DETAIL OF CIVILIAN SERVICE NOT SUBJECT TO CONTRIBUTORY RETIREMENT SYSTEM FOR CIVILIAN FEDERAL EMPLOYEES

THIS INFORMATION IS REQUIRED TO COMPUTE THE PORTION OF ANNUITY BASED ON SUCH SERVICE

Detail below (1) any period of Federal civilian service subject to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Gov't) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the righthand side below. Otherwise, show each change affecting basic salary during the period of service.

Nature of Action (Appt., pro., res., etc.)	Effective Date (Mo., Day, Year)	Basic Salary Rate	Salary Basis (Per annum, per hour, WAE, etc.)	Leave Without Pay	If Basic Salary Actually Earned is Available Make Summary Entry Below		
					From (Mo., Day, Year)	To (Mo., Day, Year)	Total Earned

SECTION E—HEALTH BENEFITS AND LIFE INSURANCE CERTIFICATION

Complete this section in all cases. If application is for disability retirement, the questions below should still be answered, but Health and Life Insurance documents should follow with employee's Final SF 2806, Individual Retirement Record.

1. Is Applicant Eligible to Continue Group Life Insurance Coverage During Retirement? (See *Federal Personnel Manual* supplement 870-1, *Life Insurance*, subchapter S6, for detailed instructions.)

☐ No (reason _____)

☐ Yes- Regular Only (*Attach SF 56 and all SF 54's*)

☒ Yes—Regular and Optional (*Attach SF 56*)

Optional Coverage Began

2-19-68

2. Is Applicant Eligible to Continue Federal Employees Health Benefits Enrollment During Retirement? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions.) Attach all copies of SF 2809's and SF 2810's.

☐ No (reason _____)

☒ Yes (If "yes," complete below)

Enrollment Code

442

Carrier Control Number

3202878

SECTION F-AGENCY CERTIFICATION

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that the retiring employee has sufficient service to support title to an immediate annuity.

Signature of Authorized Agency Personnel Official

Agency Name and Address, Including Zip Code, and Telephone Number, Including Area Code

FBI (202) 324-4981

10th St. & Pa. Ave., N. W.
Washington, D.C. 20535

Official Title

Personnel Officer

Date _____

4-10-79

SECTION G—REMINDERS

- Applicant advised of survivor benefit options. *(See FPM 831-1 Subchapter 13 for instructions regarding married employee who elects annuity without survivor benefits.)*
- Applicant has properly completed and signed SF 2801.
- All names and dates of birth appearing in personnel folder are listed on reverse.
- All service entered is verified. *(Alleged, but unverified, service shown on SF 144 should not be listed.)*

- Total base pay or pay rates are listed above for all Federal civilian service not subject to retirement deductions.
- If military retired pay must be waived to receive Civil Service credit for military service in accordance with FPM 831-1, subchapter S3-5f, attach waiver request to this form.
- If a tentative annuity computation has been performed, attach the computation to this form.

REC-131

March 27, 1979

Mr. Robert G. Kunkel
Special Agent in Charge
Federal Bureau of Investigation
Alexandria, Virginia

Dear Bob:

I have your letter of March 26, 1979, and in accordance with your request I approve with sincere regrets your retirement effective May 31, 1979. Our friendship goes back a good many years both in St. Louis and in Washington. I am well aware of your distinguished years of service and I sometimes wonder where we can ever expect to replace such experience.

I wish you the very best in the years ahead. I know I can count on you for advice and counsel whether in or outside the active ranks of the FBI.

With warm regards,

Sincerely,

William H. Webster
William H. Webster
Director

b6

b7C

W

1 - Mr. Long (Attn:)

Assoc. Dir. ☒
Dep. Dir. ☒
Dep. AD Inv. ☒
Asst. Dir.:
Adm. Servs. ☒
Crim. Inv. ☒
Ident. ☐
Intell. ☐
Laboratory ☐
Legal Coun. ☐
Plan. & Insp. ☐
Rec. Mgnt. ☐
Tech. Servs. ☐
Training ☐
Public Affs. ☐
Telephone Rm. ☐
Director's Sec'y ☐

WHW:mfd

SENT FROM D. O.
TIME 10:47AM
DATE 3-28-79
BY *rest*

251979

MAIL ROOM ☐

FBI/DOJ

MAIL ROOM
ADMINISTRATIVE
SERVICES
DIVISION

RECEIVED

MAR 30 9 32 AM '79 MAR 28 1 09 PM 1979

ASSOCIATE DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

MAR 29 10 35 AM '79

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: ROBERT G. KUNKELWhere Assigned: Alexandria Division
(Division) (Section, Unit)Official Position Title and Grade: Special Agent in Charge, GS-17Rating Period: from 4/1/78 to 3/31/79ADJECTIVE RATING: EXCELLENT
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's
Initials
KRated by: James B. Adams
Signature Title Date
Associate Director 5/2/79Reviewed by: William H. Webster
Signature Title DateRating Approved by: William H. Webster
Signature Title Date
Director 5/2/79

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 90-Day
☐ Transfer
☐ Special

REC-143

67-334373-499

Searched..... Numbered.....

4 MAY 20 1979

2 MAY 31 1979

ADMINISTRATIVE
SERVICES
DIVISION

MAY 10 8 41 AM '79

Alexandria J.O.

May 10, 1979

- 1 - Mr. Moore
- 1 - Mr. Ingram
- 1 - Mr. Gow
- 1 - Mr. Shaffer
- 1 - Mr. Colwell

Vice President and Corporate
Director of Security
United Virginia Bankshares, Inc.
900 E. Main Street
Richmond, Virginia 23219

b6
b7C

X Kunkel, Robert G.

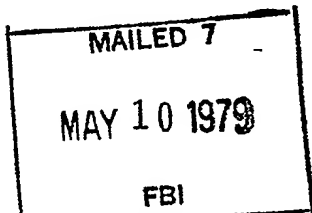
Dear [redacted]

Not having heard from you in quite awhile, I am sorry it had to be in the manner set forth in your letter to the Director dated April 4, 1979. The Director asked me to handle the matter referred to in your letter concerning the actions of Agents of our Alexandria, Virginia, office during a bank robbery surveillance.

Appropriate review by management of actions taken by our personnel in this matter has been instituted and will be resolved. I appreciate the concern which prompted you to bring this matter to our attention, and I look forward to hearing from you on a more congenial basis in the future.

Sincerely yours,

[Signature]
Donald W. Moore, Jr.
Assistant Director
Criminal Investigative Division



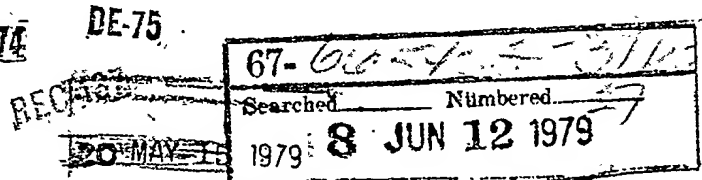
DES/jap (7)

SEE NOTE PAGE TWO.

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

[Signature]
JUL 6 1979

MAIL ROOM ☒



PERS. REC. UNIT

Mr. R. E. Anderson

NOTE: The above referenced letter from the Virginia Bank-shares, Inc. is critical of SAC Kunkel specifically, and personnel of the Alexandria Division generally in the handling of a bank robbery surveillance stake-out on 4/23/79 at a United Virginia Branch Bank. The bank alleges that SAC Kunkel insisted over objection of the bank of placing armed surveillance Agents inside the bank under threat that if the bank protested Kunkel would pull all of his people off of the case immediately.

A preliminary administrative inquiry has been instructed by CID and a determination will be made as to whether this matter should be referred to the Planning & Inspection Division for further inquiry.

JOH
6LP

APPROVED: _____

Director _____

Assoc. Dir. _____

Dep. AD Adm. _____

Dep. AD Inv. _____

Adm. Serv. _____

Crim. Inv. ✓ _____

Ident. _____

Intell. _____

Laboratory _____

Legal Coun. _____

Plan. & Insp. _____

Rec. Mgnt. _____

Tech. Servs. _____

Training _____

Public Affs. Off. _____



United Virginia
Bankshares

April 24, 1979

Alexandria J.O.

Hon. William Webster
Director
Federal Bureau of Investigation
Pennsylvania Avenue between
9th and 10th Streets N.W.
Washington, D.C. 20537

Dear Judge Webster:

I am writing this letter in an effort to obtain a clarification of F.B.I. policy and tactics at the scene of a bank surveillance stake-out.

X Kunkel, Robert H.

On Monday, April 23rd, S.A.C. Kunkel of your Alexandria office placed one or more armed F.B.I. agents inside a UVB bank as part of a bank robbery surveillance stake-out. Placing armed police or security personnel inside a UVB bank on a stake-out is inconsistent with UVB's corporate bank robbery policy and procedures. I have attached a portion of UVB's plan that was adopted in 1976 for your information.

When S.A.C. Kunkel was personally informed of UVB's policy, he unilaterally and in no uncertain terms offered UVB only two alternatives. He said if he was requested to remove the armed agents from inside the bank, he would pull all his people off the case immediately. Obviously, had he pulled all the agents away from the bank before UVB could provide interim protection, the safety of bank personnel and customers could have been placed in serious jeopardy. Neither of the two alternatives offered by S.A.C. Kunkel provided UVB personnel with the safety and protection that was desirable. We could not persuade Kunkel to adopt one of several alternatives that UVB has used in the past with law enforcement agencies under similar stake-out conditions.

In past similar cases, in order to avoid gunfire within the bank, UVB security personnel or law enforcement personnel have been stationed inside the target bank equipped with a radio but unarmed. We have found this to be the safest policy and most law enforcement officials have concurred and willingly complied with UVB's policy. We regret that S.A.C. Kunkel refused to honor UVB's policy and that is a matter of some concern.

67-111-1-1111

Searched	Numbered
8 JUN 12 1979	

PERS REC UNIT

Hon. William Webster
April 24, 1979
Page Two

cern, not only to UVB, but to other financial institutions as well. If the F.B.I. is not willing to observe bank security plans and policies during actual "incidents," then bank security planning contains a serious flaw and loses much its value.

During most F.B.I.-bank security training seminars, F.B.I. speakers frequently stress the safety of bank personnel and indicate that the safety of personnel is paramount. F.B.I. spokesmen have also repeatedly urged banks to develop plans in advance and have indicated their willingness to cooperate and assist in the implementation of those plans when required. S.A.C. Kunkel's actions certainly do not appear to be consistent with what the F.B.I. is telling the bankers and this may lead to a credibility gap that would not be in the best interest of the F.B.I. or the bankers.

I sincerely regret having to call this rather unpleasant situation to your attention. However, UVB needs some assurance from F.B.I. management that bank security plans and policies, that are prepared in accordance with law and the safety needs of personnel, will be honored by FBI personnel in the field.

I look forward to a candid response and please be assured of our every cooperation in bank security programs of mutual interest and concern.

Sincerely,



Vice President and Corporate
Director of Security

b6
b7C

REA/lsk

Enclosure

cc: BAI Security Commission

3/19/79

Director, FBI

RESTORATION OF FORFEITED ANNUAL LEAVE
1978 LEAVE YEAR

SAC, Alexandria

Reurairtels, 1/15/79 and 1/18/79 (3).

The circumstances surrounding the forfeiture of annual leave by the employees of your office mentioned below have been examined. It has been determined that each of these situations meets the necessary criteria for restoration of forfeited annual leave. Accordingly, annual leave in the amounts indicated below is being restored for each employee into a separate account.

They must schedule and use the annual leave credited to them no later than two years from the end of the leave year during which the work exigency which caused the forfeiture terminated. For this reason, it is necessary that ~~FMHQ~~ be advised in each case the date that the work exigency ended, if not already done. Each employee should be advised of the above.

SAC Robert G. Kunkel, SSAN 316-16-9003, 71 hours.

SA [redacted] SSAN [redacted] 36 hours.

SA [redacted] SSAN [redacted] 24 hours.

SA [redacted] SSAN [redacted] 48 hours.

Note: Computations for hours to be restored were coordinated with Voucher-Payroll and the Bureau Leave Office. All of the leave in question was scheduled prior to the cut-off date as required by law.

MAILED 3

MAR 19 1979

FBI

REC-137

67-115452-39
Searched _____ Indexed _____
10 MAR 28 1979

b6
b7C

Assoc. Dir. _____ GRR:las
Dep. AD Adm. _____ (9)
Dep. AD Inv. _____ 1 - Voucher-Payroll (ATTN: [redacted])
Asst. Dir.: _____
Adm. Servs. _____ 1 - 66-19150
Crim. Inv. _____ 1 - Personnel File SA [redacted]
Ident. _____ 1 - Personnel File SA [redacted]
Intell. _____ 1 - Personnel File SA [redacted]
Laboratory _____ 1 - Personnel File SA [redacted]
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. _____
Telephone Rm. _____
Director's Sec'y _____

REC-137

67-334343-506
Searched _____ Indexed _____
6 MAY 30 1979

MAY 25 1979
MAY

W

RECEIVED

Mar 19 11 29 AM '79

May 24, 1979

PERSONAL

0
Mr. Robert G. Kunkel
Federal Bureau of Investigation
Alexandria, Virginia

Dear Bob:

Please note the attached Standard Form 278.
This must be completed and filed within 30 days of your cease-active-duty date. The reporting period for this form is the preceding calendar year (if not already reported) and the current calendar year up to your retirement. The form should be sent to the Personnel Officer, J. Edgar Hoover Building, 9th Street and Pennsylvania Avenue, Northwest, Washington, D.C. 20535.

Sincerely yours,

William H. Webster

William H. Webster
Director

67-334343-50	
Searched.....	Numbered.....19
19 MAY 30 1979	

REC-102

1- [] (Sent Direct)

Enclosure
GRR: Inb (3)

b6
b7C

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

RECEIVED
MAY 31 1979

3 JUN 7 1979

MAIL ROOM

(HRE)

MAY 25 11 35 AM '79

MAY 24 5 11 PM '79

RECEIVED
READING ROOM
FBI

59232
Ranger
in pe-ten

FBI

TRANSMIT VIA:

☐ Teletype
☐ Facsimile
☒ AIRTEL

PRECEDENCE:

☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION:

☐ TOP SECRET
☐ SECRET
☐ CONFIDENTIAL
☐ UNCLAS E F T O
☐ UNCLAS

Date 5/7/79

Assoc. Dir.	
Dep. AD Adm.	
Dep. AD Inv.	
Asst. Dir.:	
Adm. Serv.	
Crim. Inv.	
Ident.	
Intell.	
Laboratory	
Legal Coun.	
Plan. & Insp.	
Rec. Mgmt.	
Tech. Servs.	
Training	
Public Affs. Off.	
Telephone Rm.	
Director's Sec'y	

b7C

TO: DIRECTOR, FBI
 (ATTENTION: LEGAL COUNSEL DIVISION)

FROM: SAC, ALEXANDRIA (197-NEW) (C)

[REDACTED] v SHERIFF
 [REDACTED] ET AL
 (U.S. DISTRICT COURT,
 EASTERN DISTRICT OF VIRGINIA)
 CA 78-314-AM

Enclosed herewith for the Bureau is a check on the account of Slenker, Brandt, Jennings and Johnson, Attorneys at Law, and payable to ROBERT G. KUNKLE, in the amount of \$30.34.

On 4/27/79, the Alexandria Office received a subpoena duces tecum from defendant's attorney, [REDACTED] for Alexandria records regarding plaintiff and various witnesses for plaintiff. The FBI and the U.S. Government were not a party to this action. Also enclosed with the subpoena was a check for \$30.34.

A review of Alexandria indices was negative concerning the various witnesses. However, Alexandria possessed files identifiable with plaintiff. This matter was discussed with AUSA GEORGE P. WILLIAMS, Alexandria, who contacted defendant's attorney and ascertained that the attorney only desired to obtain the Identification Record of plaintiff. AUSA WILLIAMS advised defendant's attorney that the aforementioned record could be released only upon an order by the U.S. District Court.

2 - Bureau (Enc. 1)
 1 - Alexandria
 WMG:mfw
 (3)

ENCLOSURE
 1000 For \$30.40 detached and sent to the Federal Reserve Bank, Richmond, VA. See Certificate of Deposit and Schedule of Collection #413, dated 6/8/79.

67-NOT RECORDED

13 JUL 23 1979

Approved:

Transmitted

(Number)

(Time)

Per

PERS. REC. UNIT

RECEIVED

MAY 10 2 28 PM 1979

LEGAL COUNSEL

out of District
Pers 6/15/79

See

7/17/79

JUL 2 1979
JUL 10 1979

(P)

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

JUN 8 12 22 PM '79

b6
b7C

AX 197-NEW

On 5/3/79, SA [REDACTED] Principal Legal Advisor, appeared in U.S. District Court, Alexandria, in connection with captioned action, at which time U.S. District Judge D. DORTCH WARRINER ordered that plaintiff's Identification Record be surrendered to defendant's attorney.

Alexandria has enclosed the check which accompanied the aforementioned subpoena. SAC ROBERT G. KUNKEL has endorsed this check to the Treasurer of the United States, and it is being enclosed for forwarding to the Voucher Unit. //

SAC, Alexandria
Attention ASAC Paul V. Daly

5/24/79

Director, FBI

ROBERT G. KUNKEL
SPECIAL AGENT IN CHARGE
FEDERAL BUREAU OF INVESTIGATION
ALEXANDRIA, VIRGINIA
RETIREMENT

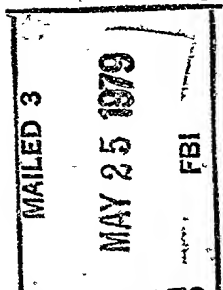
Enclosed is a letter to be presented to Special Agent in Charge Kunkel at his retirement function with my best wishes.

Enclosure
CAM:jmh (5)

RECEIVED
COMMUNICATIONS SECTION
MAY 25 4 56 PM '79

ENCLOSURE

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____



JUN 11 1979

MAIL ROOM ☐

APPROVED:

Director WHL
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Adm. Serv. _____
Crim. Inv. _____

Ident. _____
Intell. _____
Laboratory _____

Legal Coun. _____

Plan. & Insp. _____

Rec. Mgnt. 91213

Tech. Servs. _____

Training _____

Public Affs. Off. _____

REC-102

67-334343-5012
Searched _____ Numbered _____
JUN 5 1979

RECEIVED-DIRECTOR
F.B.I.

MAY 24 8 17 AM '79

REC'D

MAY 25 9 03 AM '79

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

MAY 25 4 26 PM '79

RECEIVED

MAY 23 1 48 PM '79

ASSOCIATE DIRECTOR
FBI

Mr. Tolson	Mr. Mohr	Mr. Bishop
Mr. Casper	Mr. Callahan	Mr. Conrad
Mr. Felt	Mr. Gale	Mr. Rosen
Mr. Gurnea	Mr. Harbo	Mr. McGuire
Mr. Hendon	Mr. Jones	Mr. Mumford
Mr. Pennington	Mr. Quinn	Mr. Nease
Mr. Rasmussen	Mr. Tavel	Mr. Walters
Mr. Sullivan	Mr. Trotter	Tele. Room
Miss Holmes	Miss Gandy	

U.S. DEPT OF JUSTICE
F.B.I.

RECEIVED
RECORDS MANAGEMENT
DIVISION
MAY 29 9 26 AM '79

May 30, 1979

Mr. Robert G. Kunkel
Special Agent in Charge
Federal Bureau of Investigation
Alexandria, Virginia

Dear Bob:

I am sorry I cannot be with your friends and colleagues who have gathered to honor you on your retirement. It is with deep regret that I see you leave as the knowledge and experience you take with you will be sorely missed by all.

I also wish to express my appreciation for your support and assistance during my tenure as Director. Our friendship covers a good many years, and I certainly welcome this opportunity to add my own best wishes for every success and happiness in the years ahead and the warm regards of your associates in the Bureau.

Sincerely yours,

William H. Webster

William H. Webster
Director

ENCLOSURE

11 JUN 4 1979

CAM:jmh (3)

Handwritten: jmh
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Serv. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgmt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

APPROVED: *Handwritten: jmh*

Director *Handwritten: H.W.*
Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____

Handwritten: 1-28-79
Adm. Serv. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____

Legal Coun. _____
Plan. & Insp. _____
Rec. Mgmt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____

ENCLOSURE

67-334343-502

MAIL ROOM ☐

RECEIVED
RECORDS MANAGEMENT DIVISION

JUN 4 9 49 AM '79 MAY 24 8 17 AM '79

F.B.I.
U.S. DEPT OF JUSTICE

RECEIVED
MAY 23 1 48 PM '79
ASSOCIATE DIRECTOR
FBI

RECEIVED
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES
DIVISION

JUN 1 4 48 PM '79

ADMINISTRATIVE SERVICES

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE:

5/31/79

Attention: ~~Administrative Division~~

FROM : SAC, ALEXANDRIA

PROPERTY PROCUREMENT AND
MANAGEMENT SECTION

SUBJECT: ROBERT G. KUNKEL
SPECIAL AGENT IN CHARGE

The following is submitted in connection with the separation of the above employee who
ceased duty 5/31/79 ☐ Resignation ☒ Retiring

☐ Military Leave ☐ Absence for Maternity Reasons

The following Bureau property obtained and is ☒ enclosed, ☐ transmitted under separate
cover by ☐ registered mail ☐ railway express

☒ Bureau Badge with case # 272

☐ Commission Card with case # _____

☒ Agent's Brief Case

☐ Zipper Brief Case

☐ Colt Official Police Revolver # _____

☒ S & W Military and Police Revolver # D 840994)

☒ Holster and adapter for above revolver

) Revolver, holster, and adapter

☐ FBI Handbook # _____

) mailed directly to Quantico,

☐ Inspectors' Manual # _____

) Room 110 DN Bldg.

☒ GTRs numbers C-0, 215, 134 - 140
(retained in office for future use)

☒ FBIRA Card ☒ destroyed, ☐ not a member, ☐ unable to locate

☐ FBI Identification Card # _____, destroyed in office

☐ Handbook for FBI Employees, retained for future use

☐ U. S. Government Operator's Identification Card # _____, destroyed in office

☐ Non-Agent Credential Card with case # _____

☐

REC-143

Searched..... Numbered.....

2 JUL 19 1979

The following are attached for the Bureau:

☐ Performance Rating as of the cease-active-duty date if employee will be absent
for maternity reasons or is separating for military service and there has been a
substantial change in performance since last rating.

☒ Electrocardiogram tracings

☒ Report of Medical History

Forwarding address: _____

b6
b7C

Agents Only: Is above forwarding address changed from that shown on exit interview
form? ☒ Yes ☐ No

Remarks: _____

- 1 - Bureau
- 1 - Quantico (Enc. 3)
- 1 - Alexandria

☒ Enc.

FILE

8

2 JUL 24 1979

MAIL ROOM
ADMINISTRATIVE
SERVICES
DIVISION

JUL 11 4 11 PM '79

CIA

SEARCH SLIP

Formy-Duval
Rm. 5224 JEHSubj: Robert GeorgeR# 55Date 10/16

Searcher

Number 528Prod: 55

UR

OCT 16 1979

FILE NUMBER

SERIAL

LIT from doc 5/17/66-116-459165Robert G.116-459165-I197-865102-116395-42X P#3102-46772-105977-2190001261979106-2058-53-2102

FBI/DOJ

10-29
request 67-

KUNKEL, ROBERT G.
316-16-9003

STAT. SEC. 316-16-9003 MS 114

(PLEASE TYPE OR PRINT ALL INFORMATION)

1. NAME <u>Kunkel</u> <u>Robert</u> <u>G.</u>		TOTAL FEDERAL SERVICE (CHECK ONE, PER ITEM 1)	
LAST FIRST MIDDLE		LESS THAN 3 YRS <input type="checkbox"/> 3 YRS. OR OVER <input checked="" type="checkbox"/> 15 YRS. OR OVER <input type="checkbox"/> NOV 18 1970	
2. OFFICE OF ASSIGNMENT <u>SOG</u>		DATE YOU WILL REACH NEXT CATEGORY: MONTH DAY YEAR	
3. LATEST FBI EOD DATE <u>5/1/69</u> (PRIOR FBI SERVICE TO BE LISTED UNDER ITEM 4) <u>All continuous service</u>			
4. PREVIOUS CIVILIAN GOVERNMENT SERVICE (GIVE COMPLETE NAME OF AGENCY AND BRANCH)		TOTAL LENGTH OF SERVICE WITH EACH AGENCY	
	DATE EOD	DATE SEPARATED	YEARS MONTHS DAYS
FBI	6/29/42	3/20/43	
FBI	3/8/46	4/30/66	
HAC	5/1/66	4/30/69	
5. TOTAL LENGTH OF PREVIOUS CIVILIAN GOVERNMENT SERVICE (ADD ALL TIME LISTED UNDER ITEM 4, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 - GIVE TOTAL IN EXACT YEARS, MONTHS, AND DAYS SERVED)		TOTALS ITEMS 2, 4, 10, AND 11	
6. MILITARY SERVICE (INDICATE BRANCH - ARMY, NAVY, MARINE CORPS, COAST GUARD, AIR FORCE, ETC. IF NO ACTIVE MILITARY SERVICE, WRITE "NONE" IN THIS SPACE)		DATE ENTERED ON ACTIVE DUTY (DATE GIVEN ON SEPARATION DOCUMENT)	DATE DISCHARGED (DATE GIVEN ON SEPARATION DOCUMENT)
Air Force	3/27/43	2/24/46	
7. TOTAL MILITARY SERVICE (ADD ALL TIME LISTED UNDER ITEM 6, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 - GIVE TOTAL IN EXACT YEARS, MONTHS, AND DAYS SERVED)		(OVER)	

STATEMENT OF FEDERAL SERVICE
FD-195 (REV. 3-23-59)
OBI/LEW CVC

FEDERAL BUREAU OF INVESTIGATION

NOT RECORDED
10 MAR 17 1986

3/jlw

DUPLICATE PROPERTY RECORD

(This record is to be kept up to date)

MAY 15 1961
*Law*NAME Kunkel, Robert G.Bureau Badge with case No. 6140Commission Card with case No. 5282FBI Handbook No. 5514Agent's Brief Case X

GTR's No. _____

FBI Identification Card No. _____

Credential Card (Non-Agent) No. _____

U. S. Government Operator's

Identification Card No. _____

REMOVED FROM FIELD
PERSONNEL FILE
07 - NOT RECORDEDFIREARMS:Colt Official Police Revolver No. 669,622Hip Holster and adapter for above X

S & W Military & Police Revolver No. _____

Hip Holster and adapter for above _____

164
APR 8 1980

[illegible]

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee _____
(Type or print)

KUNKEL, ROBERT G.
Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible.

**REMOVED FROM FIELD
PERSONNEL FILE
67 - NOT RECORDED**

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

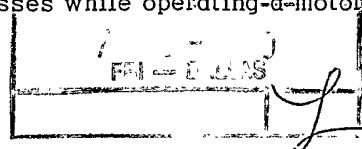
1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No



109
APR 9 1960

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10" ✓	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Eustace D. Lynum
 (Signature of Medical Examiner)

(Date) 7/28/60

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

b6
b7c

1. LAST NAME—FIRST NAME—MIDDLE NAME Kunkel Robert G			2. GRADE AND COMPONENT OR POSITION GS-14		3. IDENTIFICATION NO. 5282	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) Jasper, Indiana			5. PURPOSE OF EXAMINATION Annual Physical		6. DATE OF EXAMINATION 22 MAY 58	
7. SEX M	8. RACE C	9. TOTAL YRS. GOVT. SERVICE MILITARY 3 CIVILIAN 13	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT c/o American Embassy	
12. DATE OF BIRTH 17 MAY 24		13. PLACE OF BIRTH Jasper, Indiana		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN American Embassy		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) I am in very good health.						

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	65	Good				X	HAD TUBERCULOSIS	
MOTHER	63	Good				X	HAD SYPHILIS	
SPOUSE	30	Very Good				X	HAD DIABETES	
BROTHERS AND SISTERS	40	Very Good				X	HAD CANCER	
	42	Very Good				X	HAD KIDNEY TROUBLE	
CHILDREN	2	Very Good				X	HAD HEART TROUBLE	
						X	HAD STOMACH TROUBLE	
						X	HAD RHEUMATISM	
						X	HAD ASTHMA, HAY FEVER, HIVES	
						X	HAD EPILEPSY (Fits)	
						X	COMMITTED SUICIDE	
						X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)				
YES	NO	(Check each item)	(Check each item)	
X		SCARLET FEVER, ERYSIPELAS	X	GOITER
X		DIPHTHERIA	X	TUBERCULOSIS
X		RHEUMATIC FEVER	X	SOAKING SWEATS (Night sweats)
X		SWOLLEN OR PAINFUL JOINTS	X	ASTHMA
X		MUMPS	X	SHORTNESS OF BREATH
X		WHOOPING COUGH	X	PAIN OR PRESSURE IN CHEST
X		FREQUENT OR SEVERE HEADACHE	X	CHRONIC COUGH
X		DIZZINESS OR FAINING SPELLS	X	PALPITATION OR POUNDING HEART
X		EYE TROUBLE	X	HIGH OR LOW BLOOD PRESSURE
X		EAR, NOSE OR THROAT TROUBLE	X	CRAMPS IN YOUR LEGS
X		RUNNING EARS	X	FREQUENT INDIGESTION
X		CHRONIC OR FREQUENT COLDS	X	STOMACH, LIVER OR INTESTINAL TROUBLE
X		SEVERE TOOTH OR GUM TROUBLE	X	GALL BLADDER TROUBLE OR GALL STONES
X		SINUSITIS	X	JAUNDICE
X		HAY FEVER	X	ANY REACTION TO SERUM, DRUG OR MEDICINE

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
X	WORN GLASSES	X	ATTEMPTED SUICIDE		AGE AT ONSET OF MENSTRUATION
X	WORN AN ARTIFICIAL EYE	X	BEEN A SLEEP WALKER		INTERVAL BETWEEN PERIODS
X	WORN HEARING AIDS	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		DURATION OF PERIODS
X	STUTTERED OR STAMMERED	X	COUGHED UP BLOOD		DATE OF LAST PERIOD
X	WORE A BRACE OR BACK SUPPORT	X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 3		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 16 yrs.		25. WHAT IS YOUR USUAL OCCUPATION? FBI Agent	
				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

APR 8 1980

YES	NO	CHECK EACH ITEM	NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAIN IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
X		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
X		B. INABILITY TO PERFORM CERTAIN MOTIONS	
X		C. INABILITY TO ASSUME CERTAIN POSITIONS	
X		D. OTHER MEDICAL REASONS (If yes, give reasons)	
X		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
X		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
X		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
X		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	
X		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
X		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
X		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
X		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
X		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
X		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
X		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE Robert G. Kunkel	SIGNATURE <i>Robert G. Kunkel</i>
--	--------------------------------------

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

*UCD during childhood, no complication
Wear glasses for myopia*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER APR 3 1980	DATE	SIGNATURE <i>Shoguchi</i>	NUMBER OF ATTACHED SHEETS
---	------	------------------------------	---------------------------

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT ROBERT G. KUNKEL

FD-40
3-25-47

Confidential

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	GAS	DBL. FST. RD	30 Rdy MPP	DEF. TACT.	QUALI- FIED
Honolulu	9-21/54	94	95	100		96	✓	✓		✓	
Robert G. Kunkel	11/54			27		96					
	11/54								89		
San Antonio	11/54	100	90		79						
	1-4/55								✓	(For Dec 1954)	
	2-2/55								✓		
2/25/55	3/55								✓		
	4/55	98	86	100		100			✓		
	6/55	96	89	23/25		94					8
	7-8/55	98	93	22/25		98					
	10-3/55	96	92	100	✓	92	✓	PDT			
	10/55							67 - NO	1230		
DEC 55									254		
									769		FEB 5 6
		98	94	100	✓	94	DT	BA	269		MAR 14 1956
		96	95	21/25		98					MAY 22 1956
		96	91	19		94					JUL 2 1956
Adm. In Service	10-1/56	88	94	Course not finished							OCT 1956
Adm. Kunkel	10-3/56	96	99	22/25	92	94			✓		10/13-19/1956
									239		
Louisville									246		2/57
									254		MAR 27 1957
		96	96	100	✓	96	DT	BA			MAR 27 1957
		98	98	21/25		94	DT	BA			MAY 17 1957
9/24/57		94	87	21		96	DT	BA			AUG 19 1957

SEARCHED INDEXED
SERIALIZED FILED
JAN 26 1960
FBI - DALLAS

Kunkel

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

Robert G. Bunkel

FD-40
3-25-47

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	GAS	D.A. RE	M.P.P. (30 Rds. + Bullets)	D.T.	QUALI- FIED
<i>Honolulu</i>	<i>12/51</i>								✓		
"	<i>1/52</i>								✓		
"	<i>2/52</i>								✓		
"	<i>3/52</i>								✓		
"	<i>4/52</i>				<i>80</i>	<i>100</i>			<i>82</i>		
"	<i>5/52</i>		<i>96</i>	<i>✓ (#2)</i>		<i>96</i>		<i>96</i>		✓	
"	<i>6/52</i>		<i>98</i>	<i>100 (#1)</i>				<i>98</i>			
"	<i>7/52</i>		<i>92</i>	<i>✓ (#2)</i>		<i>96</i>		✓		✓	
"	<i>8/52</i>		<i>95</i>					<i>96</i>		✓	<i>Magnum Bullet Prof Test Prot. Kit</i>
"	<i>9/52</i>					<i>96</i>	✓	<i>96</i>		✓	
"	<i>3/53</i>							REMOVED FROM FIELD			
"	<i>4/53</i>							PERSONNEL FILE			
"	<i>5/53</i>							NOT RECORDED			
"	<i>6/53</i>		<i>94</i>	<i>100</i>	<i>87</i>	<i>98</i>		<i>86</i>			
" <i>(Excused Scheduled for Service)</i>	<i>7/53</i>										
<i>In Service</i>	<i>8/53</i>		<i>97</i>	<i>21/25</i>	<i>82</i>	<i>86</i>		<i>92</i>			
<i>Excused (night Duty)</i>	<i>9/53</i>										
<i>Honolulu- (make up)</i>	<i>10-9/53</i>		<i>93</i>	<i>100</i>		<i>98</i>		<i>100</i>			
"	<i>11-27/53</i>								<i>243</i>		
"	<i>12-18/53</i>								<i>(Excused) 150 (MU)</i>		
"	<i>1-15/54</i>								<i>239</i>		
"	<i>2-12/54</i>								<i>235</i>		
"	<i>3-12/54</i>								<i>247</i>		
"	<i>4-22/54</i>		<i>95</i>			<i>98</i>					
"	<i>5-27/54</i>		<i>97</i>	<i>20/25</i>							

SEARCHED	INDEXED
SERIALIZED	FILED
SEP 28 1954	
100 HONOLULU	

*Resti.
Kit
Bullet
Test*

APR 8 1954
8-10-54

93 18/25 98

100 19/25 98
Bunkel

April 15, 1953

FD-107
(1-1-45)

DUPLICATE PROPERTY RECORD

(This record is to be kept up-to-date and should be maintained
in the field personnel file of the special agent.)

NAME ROBERT G. KUNKEL

REMOVED FROM FIELD
PERSONNEL FILE
67 - NOT RECORDED

Badge # 6140, with case

Commission Card with case, # 5282

FBI Handbook # 5514

Tax Exemption Identification Card # _____

Agents Brief Case XX

Zipper Brief Case _____

G.T.R. Identification Card # _____

~~FBI Employees' Handbook~~ XX

FIREARMS:

Official Police Revolver # 630410

Official Police Hip Holster XX

Grip Adapter XX

109
APR 8 1980

FIELD WEAPONS TRAINING RECORD

SPECIAL AGENT

Robert G. Kunkel

FD-40
3-25-47

Abel Action

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	^{all others} GAS	DT RD	mpp	B.E	QUALI- FIED
<i>San Francisco</i>	<i>11/49</i>							✓			
"	<i>12/49</i>								1		
"	<i>1/50</i>								1		
"	<i>2/50</i>								1		
"	<i>3/50</i>								1		
"	<i>4/50</i>				<i>84</i>	<i>93</i>		DT	SSC P-2 R-4	BRC 209	
"	<i>5/50</i>	<i>73</i>	<i>94</i>	<i>90</i>				DT			
"	<i>6/50</i>	<i>92</i>	<i>88</i>	<i>12/20</i>		<i>87</i>		DT			
<i>Make up</i>		<i>90</i>	<i>98</i>	<i>100</i>		<i>88</i>					
	<i>7/50</i>	<i>87</i>	<i>99</i>	<i>100</i>							
<i>Honolulu</i>	<i>8/50</i>		<i>96</i>	✓		<i>94</i>	REMOVED FROM FILE PERSONNEL FILE 67 - NOT RECORDED				
"	<i>9/50</i>				<i>74</i>	<i>94</i>					
"	<i>10/50</i>								✓		
"	<i>11/50</i>								✓		
"	<i>12/50</i>								✓		
"	<i>1/51</i>								✓		
"	<i>2/51</i>								✓		
"	<i>3/51</i>								✓		
"	<i>4/51</i>				<i>74</i>	<i>96</i>		✓		<i>60/78</i>	
"	<i>5/51</i>		<i>93</i>	<i>100</i>			<i>sketch</i>	✓			<i>98pa</i>
"	<i>6/51</i>	<i>94</i>	<i>98</i>	<i>100</i>		<i>100</i>	✓	✓			
"	<i>7/51</i>		<i>97</i>	<i>#2</i>		<i>96</i>		✓			<i>96</i>
"	<i>8/51</i>		<i>92</i>	<i>100</i>	<i>(M 7/8/51)</i>			✓			<i>94</i>
"	<i>10/51</i>	<i>On Service</i>									
"	<i>11/51</i>								✓		

10/07 APR 8 1960

~~69-199-16~~

MAILED

NOV 6 1979

DCRS

November 5, 1979

MR. ROBERT GEORGE KUNKEL

The following pertains to the former employment in the Federal Bureau of Investigation of captioned individual.

Date of entry on duty: June 29, 1942, as a Junior Clerk-Typist, Grade CAF 2, \$1440 per annum (placed on leave without pay for military purposes from March 30, 1943, to March 7, 1946)

Date appointed Special Agent: July 11, 1949

Date of separation: April 30, 1966, to enter on duty with the House Appropriations Committee

Title, salary and grade at time of separation: Supervisory Special Agent, \$17,220 per annum in Grade GS 14

Date reinstated: May 1, 1969, as a Supervisory Special Agent, Grade GS 15, \$21,757 per annum

Duties performed as Special Agent following period of training: Investigative, accounting and supervisory duties and the duties of a Special Agent in Charge and Inspector

Date of separation: May 31, 1979, when he retired

Assoc. Dir. _____ Title, salary and grade at
Dep. AD Adm. _____ time of separation: Supervisory Special Agent, \$47,500 per
Dep. AD Inv. _____ annum in Grade GS 17
Asst. Dir.:
Adm. Servs. _____

Crim. Inv. _____ Memorandum prepared for the NameCheck Section for transmittal
Ident. _____ to CIA
Intell. _____
Laboratory _____

Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

gab:tdp*(5)67-334343

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI, and is loaned to your agency; it and its contents are not to be distributed outside your agency. This reply is result of check of FBI investigative files. To check arrest records, request must be submitted to FBI Identification Division. Fingerprints are necessary for positive check.

MAIL ROOM ☐

NOV 13 1979

FBI/DOJ

Memorandum for CIA
RE: MR. ROBERT GEORGE KUNKEL

His services were satisfactory and nothing was known which would reflect unfavorably on his character or integrity during periods of his employment with this Bureau.

1. Full name (Last—First—Middle) Kunkel Carol Anne		2. Date of birth 11/9/59		3. Place of birth Tokyo, Japan	
4. Other names used (Including maiden name) —First—Middle None		5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.) U.S.A.			
6. Name of spouse (Last—First—Middle) NA		7. Date of birth NA		8. Place of birth (spouse) NA	
9. Date and place of marriage NA		10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.) NA			
11. Former spouse(s)—full name(s) NA		12. If divorced, date & place of divorce NA			
13. Complete following for high school, trade, commercial & specialized schools (Exclude military training), colleges and universities					
Dates attended (From—To—)		Name & address of school		Degree received (MO/DA/YR)	
1974	1978	W.T.Woodson H.S., 9525 Main St., Fairfax Virginia		none	
1977	summer	NOVA, 8333 Little River Turnpk., Annandale, Virginia		none	
1978	1979	James Madison U., Harrisonburg, Va.		none	
1979	summer	George Mason U., Fairfax, Virginia		none	
				Major subject none	
				Music	
				Biology	
				Math & Chem.	
14. Complete following for last three employment positions or last two years—begin with most recent or current position.					
Dates employed (From—To—)		Name & address of employer		Employer's complete business address	
6/78	8/78	Division of Research and Testing Fairfax County Public Schools 6131 Willston Drive Falls Church, Va. 22044		Division of Research and Testing Fairfax County Public Schools 6131 Willston Drive Falls Church, Va. 22044	
9/77	6/78	Roy Rogers Restaurant Pickett Rd. & Va. Rt. 236 Fairfax, Va.		Marriott Corporation 5161 River Road Bethesda, Md.	
15. Record last three places of residence or places of residence for past two years—begin with most recent or current address					
Dates resided (From—To—)		Complete address (Number, Street, City, State)			
5/79	7/79	8812 Lynnhurst Drive, Fairfax, Virginia			
8/78	5/79	James Madison U., Room 225 - Wine Price, Harrisonburg, Virginia			
8/71	8/78	8812 Lynnhurst Drive, Fairfax, Virginia			
An applicant type investigation by the FBI concluded on 1/4/82 revealed no pertinent derogatory information. This is the result of a request for a FBI clearance or recommendation of the involved file checked.					
(1) 16. Military service organization (Army, Navy, etc.—specify) NA		17. Serial number NA		18. Rank, grade or rate NA	
(2) 20. Military service organization (Army, Navy, etc.—specify) NA		21. Serial number NA		22. Rank, grade or rate NA	
				23. Dates of service (From—To—) NA	
24. Father's full name (Last—First—Middle) Kunkel Robert George		25. Date of birth 5/17/24		26. Place of birth (Father) Jasper, Indiana	
27. Father's current address (Number, Street, City, State)		28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.) U.S.A.		29. Date of birth (Mother) 12/1/27	
				30. Place of birth (Mother) Forest City, Iowa	
		31. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.) U.S.A.		32. Date of birth (Mother) 12/1/27	
				33. Place of birth (Mother) Forest City, Iowa	
				34. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.) U.S.A.	

NUMEROUS REFERENCE

SEARCH SLIP

Subj: KUNKEL, Robert George

Supervisor _____ Room _____

R# _____ Date 10/30 Searcher Initial 325

Prod. _____

OCT 30 1979
FILE NUMBERSERIAL67-334343-1

MEDICAL REPORTS

Personnel File of: RAWKEL, ROBERT G.

Personnel File No. _____

Retired
C.D. 5-31-79

3/8



EX-101 RECORDED
2 JUL 19 1979

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>None</i>						MEDICATION <i>None</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE <i>49</i>	SEX <i>M</i>	RACE <i>aw</i>	HEIGHT <i>20</i>	WEIGHT <i>182</i>	B. P. <i>128/78</i>	SIGNATURE OF WARD PHYSICIAN <i>Dr. Pepin</i>		DATE <i>8/16/73</i>	
RHYTHM						AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

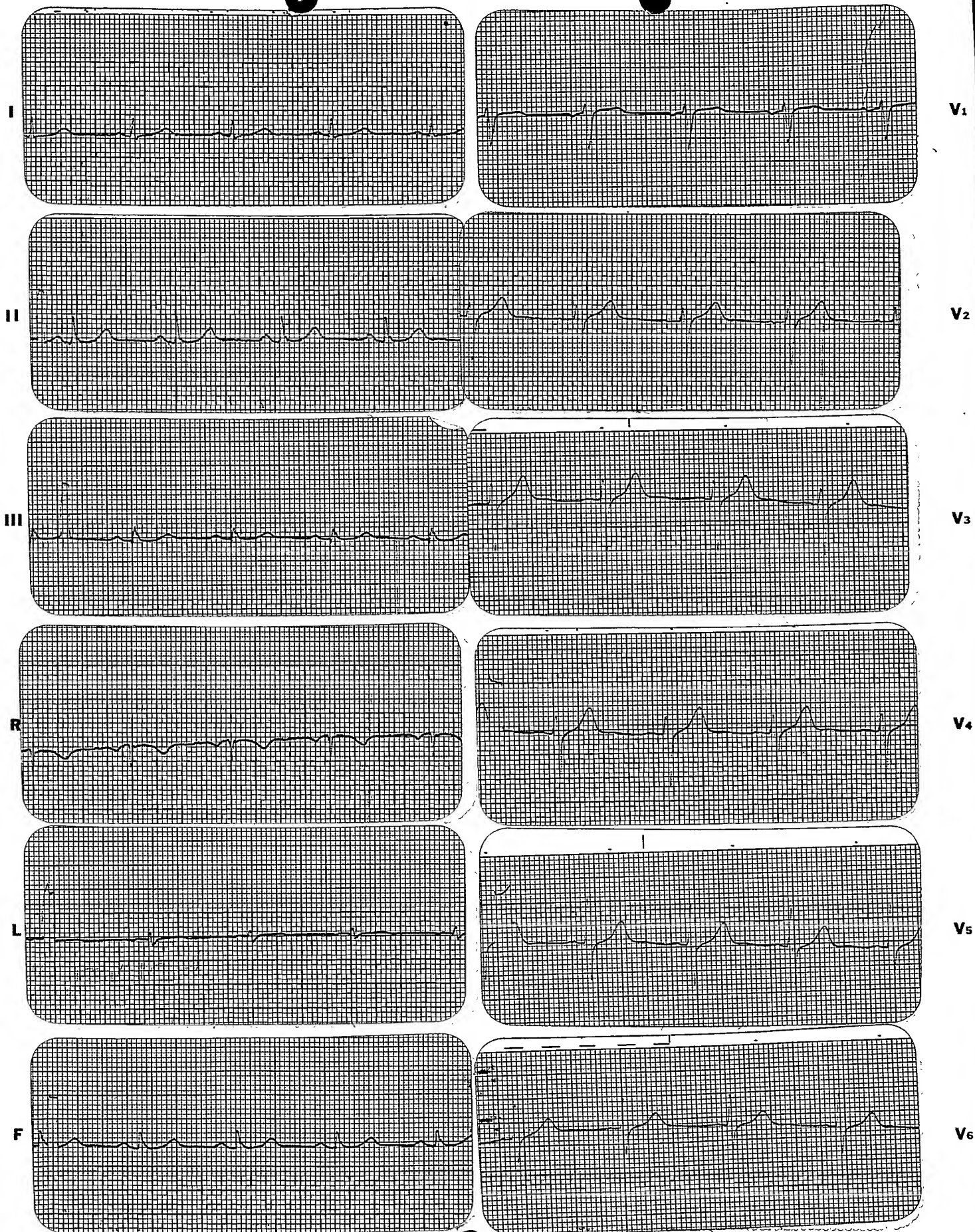
WNL

(Continue on reverse)

NO. ECG	SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

KUNKEL, ROBERT
SSN: 316 16 9003
FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)



KUNKEL ROBERT

17 AUG 73

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved-50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT GEORGE		2. TITLE OF POSITION Special Agent in Charge, FBI.	3. SOCIAL SECURITY NUMBER 316 16 9003
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) [Redacted]		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION Aug. 16, 1973
7. SEX Male	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 28	9. AGENCY FBI	10. ORGANIZATION UNIT ST. LOUIS, MO.
11. DATE OF BIRTH 5/17/24	12. PLACE OF BIRTH Jasper, Indiana		
13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)			

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent

15. DO YOU (Please check at left of each item):						16. HAVE YOU EVER (Please check at left of each item):					
YES	NO	(Check each item)				YES	NO	(Check each item)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES				<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES				<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID				<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY				<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT				<input type="checkbox"/>	<input type="checkbox"/>				
17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS		
18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1						19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 37			20. WHAT IS YOUR USUAL OCCUPATION? Special Agent in Charge, FBI.		
21. ARE YOU (Check one)						21. ARE YOU (Check one)					
<input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED						<input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED					

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
- FPM CHAPTER 293
5058-101

YES	NO.	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	✓	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	✓	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Tackakawa AFB, Tokyo, Japan, 1959 (strep throat)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

ROBERT G. KUNKEL

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

8/27/53

SIGNATURE

Robert G. Kunkel

NUMBER OF ATTACHED SHEETS

266

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION Annual						MEDICATION None		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE 37	SEX M	RACE W	HEIGHT 69½	WEIGHT 158	B. P. 120/74	SIGNATURE OF WARD PHYSICIAN D. R. SMITH, CAPT, USAF, M.C.		DATE 31 May 61	
RHYTHM Normal sinus						AXIS DEVIATION (QRS) 60		RATES AURIC. VENT. 72	
INTERVALS PR .14 QRS .07 QT .34						P WAVES Normal			
QRS COMPLEXES Normal									
RS-T SEGMENT Normal						T WAVES Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Tracing within normal limits.
There is no change since the last previous tracing.

 (Continue on reverse)

NO. ECG	SIGNATURE ERNEST J. CLARK, Lt Colonel, USAF, MC	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. PEC

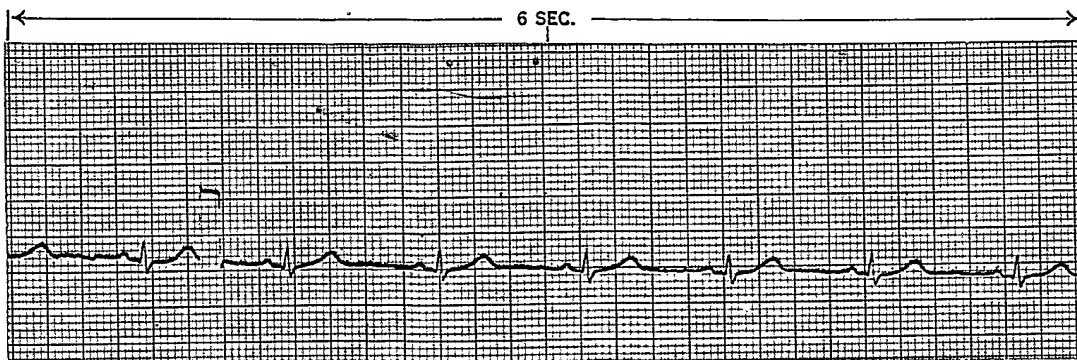
KUNKEL, ROBERT GEORGE
SPECIAL AGENT 31 May 61

USAF HOSPITAL
CARSWELL AFB, TEXAS

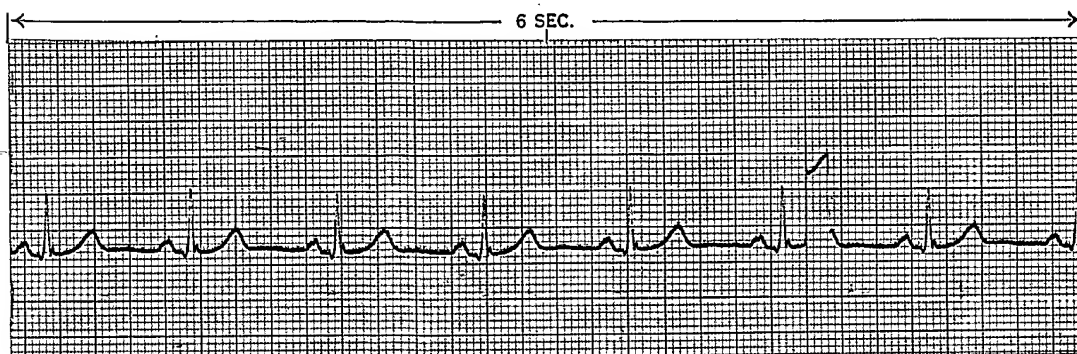
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

PATIENT Kunkel, Robert George SERIAL NO. 5A DATE 31 May 61
AGE 37 SEX M CASE NO. 266 DOCTOR Smith

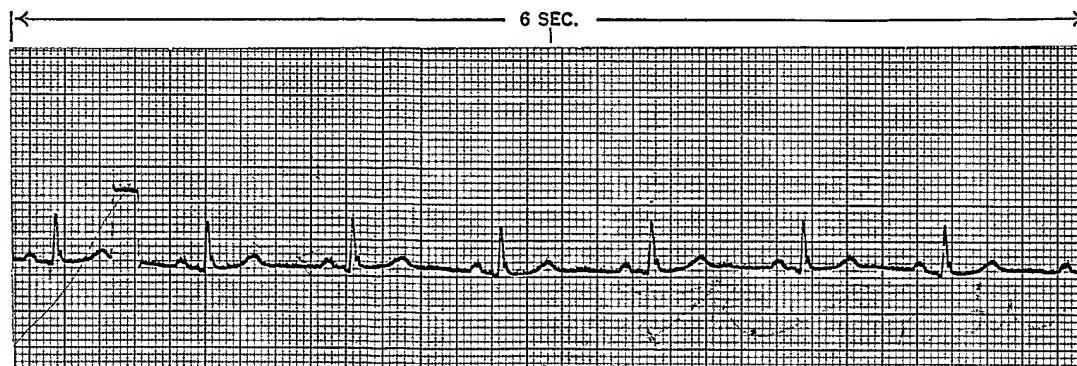
LEAD 1



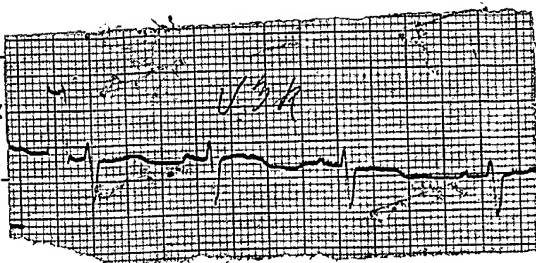
LEAD 2



LEAD 3

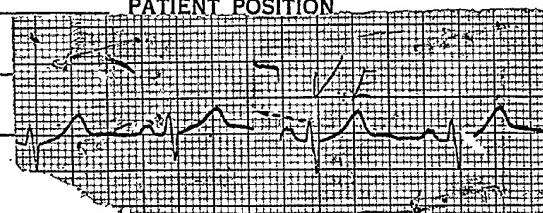


AURICUL
VENTRIC
RHYTHM
REMARKS

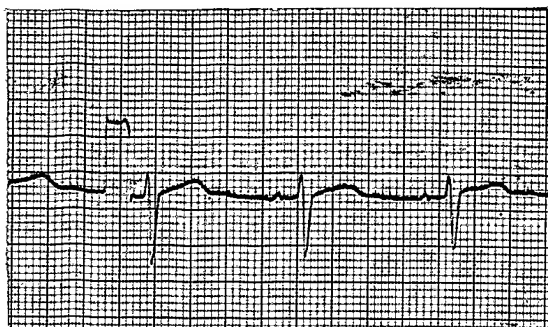


VAL
RVAL
NT

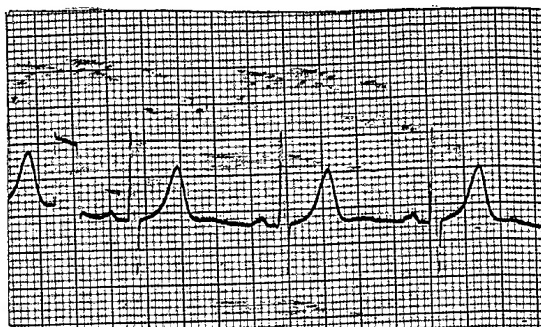
PATIENT POSITION



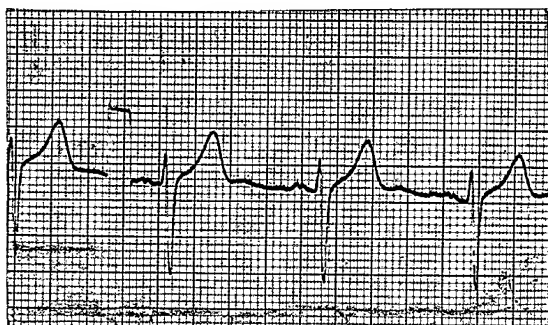
LEAD
CF₁
CR₁
CL₁
V₁



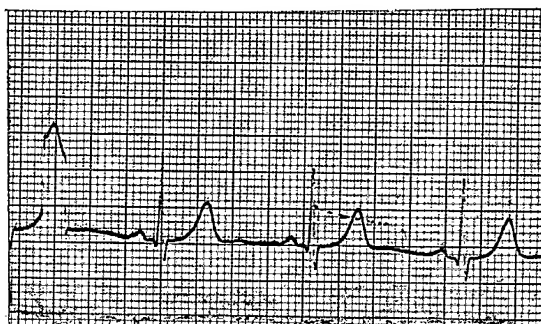
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CF₄
CR₄
CL₄
V₄



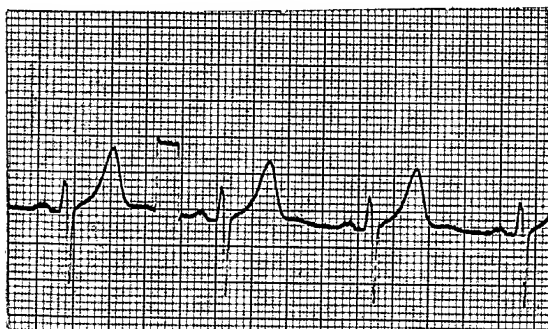
LEAD
CF₂
CR₂
CL₂
V₂



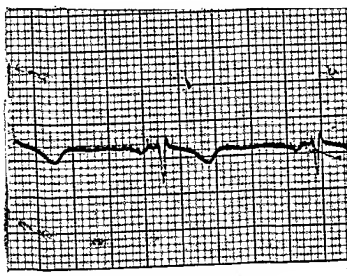
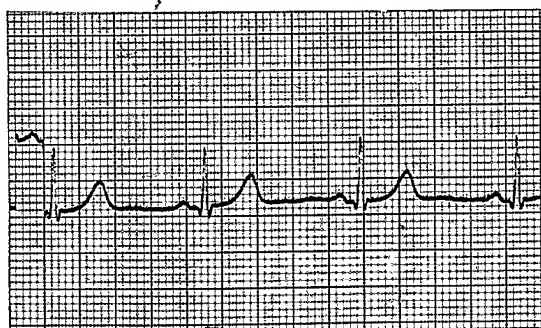
LEAD
CF₅
CR₅
CL₅
V₅



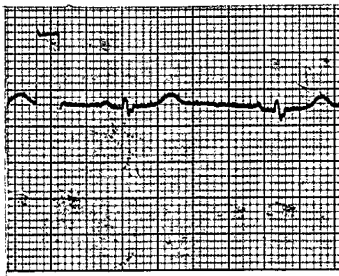
LEAD
CF₃
CR₃
CL₃
V₃



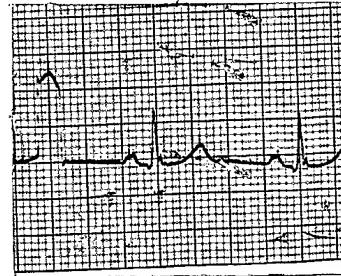
LEAD
CF₆
CR₆
CL₆
V₆



LEAD VR AVR



LEAD VL AVL



LEAD VF AVF

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>Anxious (FBI)</i>						MEDICATION <i>None</i>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>36</i>	SEX <i>M</i>	RACE <i>CAU</i>	HEIGHT <i>69 1/2</i>	WEIGHT <i>159</i>	B. P. <i>130/90</i>	SIGNATURE OF WARD PHYSICIAN <i>E. F. Watson</i>			DATE <i>26 May 60</i>
RHYTHM <i>Normal sinus rhythm</i>						AXIS DEVIATION (QRS) <i>75</i>		RATES AURIC. VENT. <i>75</i>	
INTERVALS PR <i>.15</i> QRS <i>.06</i> QT <i>.36</i>						P WAVES <i>Normal</i>			
QRS COMPLEXES <i>Normal</i>									
RS-T SEGMENT <i>Normal</i>						T WAVES <i>Normal</i>			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal tracing.

(Continue on reverse)

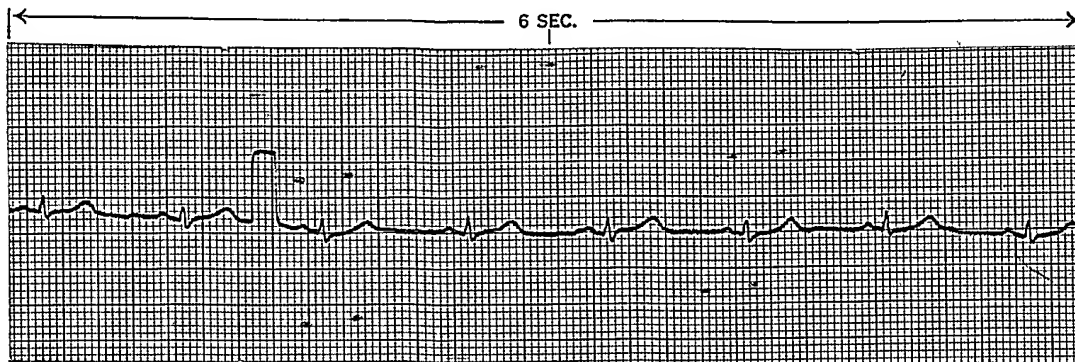
NO. ECG	SIGNATURE <i>Ernest J. Clark</i>	TITLE <i>Lt Colonel, USAF, MC</i>	DATE <i>26 May 60</i>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. <i>7EC</i>

KUNKEL, ROBERT C
SPEC AGENT
USAF HOSPITAL
CARWELL AFB, TEXAS

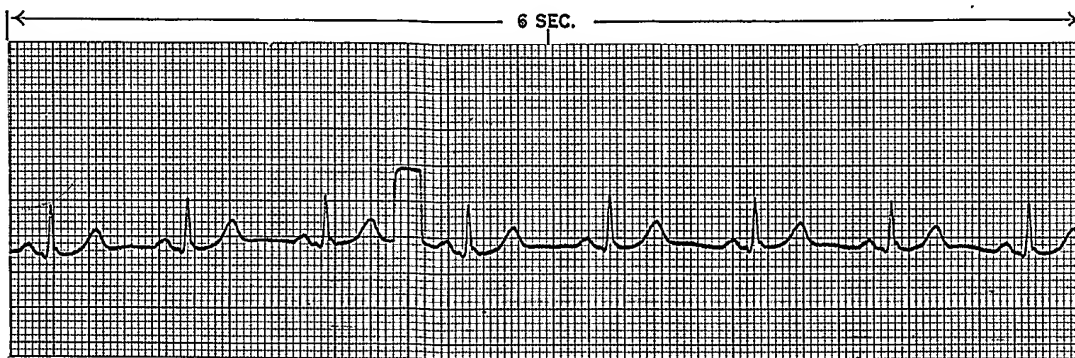
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

PATIENT Kunkel Robert B. SERIAL NO. _____ DATE 26 Nov 60
AGE 34 SEX M CASE NO. 268 DOCTOR Watson

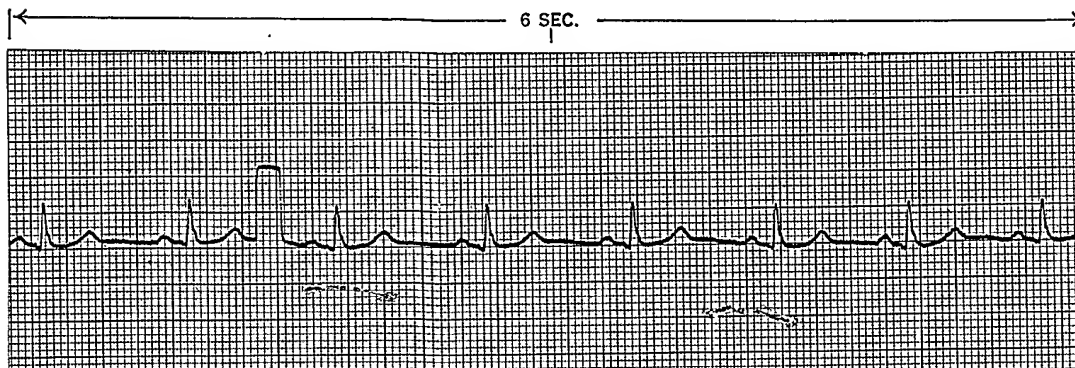
LEAD 1



LEAD 2



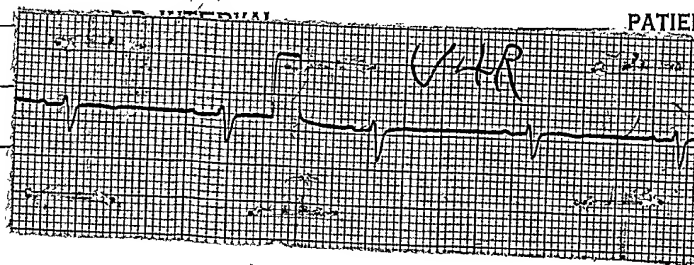
LEAD 3



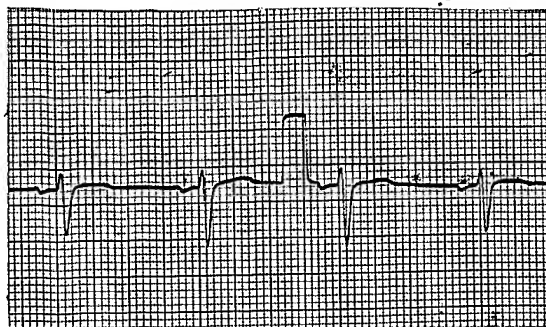
AURICULAR RATE _____ PATIENT POSITION _____

VENTRICULAR RATE _____ RHYTHM _____

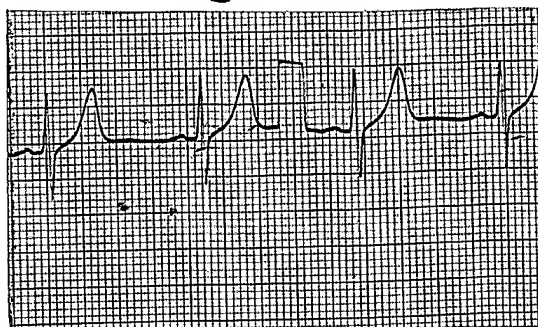
REMARKS _____



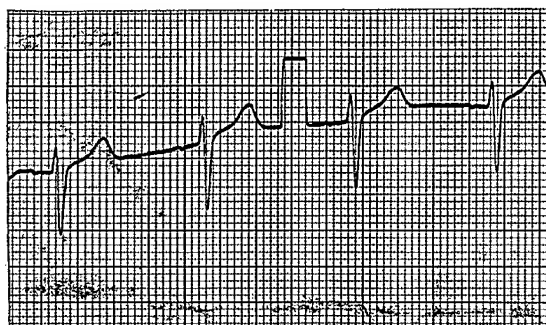
LEAD
CF₁
CR₁
CL₁
V₁



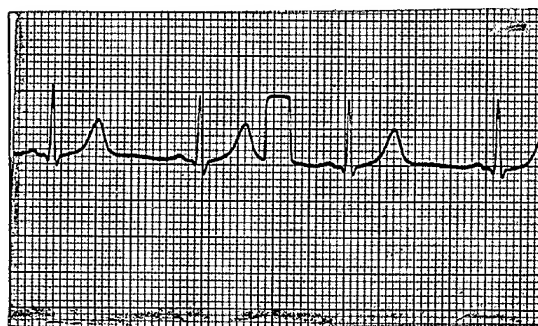
LEAD
CF₄
CR₄
CL₄
V₄



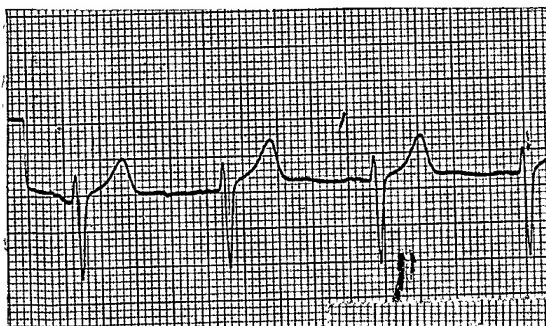
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CR₂
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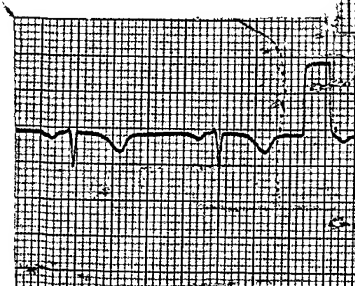
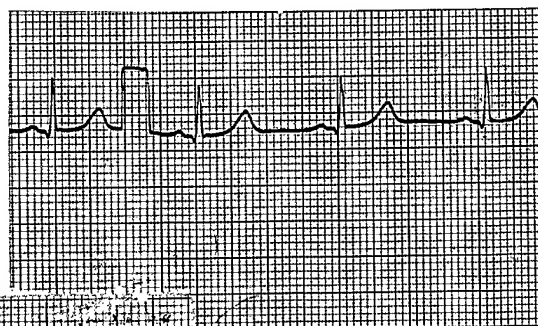
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CF₅
CR₅
CL₅
V₅



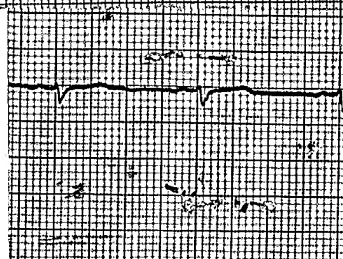
LEAD
CF₃
CR₃
CL₃
V₃



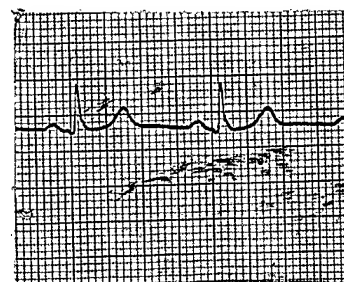
LEAD
CF₆
CR₆
CL₆
V₆



LEAD VR AVR



LEAD VL AVL



LEAD VF AVF

LAST NAME - FIRST NAME - MIDDLE NAME

REGISTER NO.

WARD NO.

KUNKEL, ROBERT

SSN: 316 16 9003

FBI

AGE SEX (Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

PA CHEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST 16 Aug 76

REQUESTED BY DR. PEPIN

RADIOGRAPHIC REPORT

ESSENTIALLY NEGATIVE CHEST

S. KAMBERG

Consultant Radiologist

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16-35

KUNKEL, ROBERT
SSN: 316 16 9003
FBI

U. S. ARMY HEALTH CLINIC
FEDERAL (Mart) BUILDING
12th & SPRUCE STs.
ST. LOUIS, MO. 63109

SEROLOGY

SPECIMEN/LAB. RPT. NO.

URGENCY

☐ ROUTINE

TODAY ☐

☐ PRE-OP

STAT ☐

PATIENT STATUS

☐ BED

☐ AMB.

OUTPATIENT ☐

☐ NP

☐ DOM.

SPECIMEN SOURCE

☐ BLOOD

OTHER (Specify)

Enter in above space:

PATIENT IDENTIFICATION-TREATING FACILITY-WARD

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

RICK J. HINTERHUBER

PLT, MSC, Chief Sero Serv
Fifth US Army Med Lab (NA) MO

DATE

16 Aug 73

LAB. ID. NO.

DR. PEPIN
REMARKS:

CARDIOLIPIN MICROFLOCCULATION
NON REACTIVE

TEST(S)		SPECIMEN TAKEN		A.M. P.M.	
DATE	RESULTS	(X)	TIME	REQUESTED	
				INF. MONO. QUAL.	
				INF. MONO. QUANT.	
				RPR	
				VDRL QUAL.	
				VDRL QUANT.	
				FTA-ABS	
				TA	
				RA	
				ANTI-NUCLEAR FACTOR (ANF)	
				COLD AGG.	
				ASO	
				CRP	
				SERUM COMPLEMENT	
				FEBRILE AGG.	
				COMP. FIX.	
				HAI	

SEROLOGY

Standard Form 551 (July 1971)-GSA FPMR 101-11.8

CARD
1

BAUSCH & LOMB OCCUPATIONAL VISION TESTS

WITH THE ORTHO-RATER

KUNKEL, ROBERT

NAME _____ NO. _____

DEPT. _____ JOB _____

AGE 49 M ☒ F _____ EXP _____R_x NONE ALL WAYS BI- FOCAL FAR NEAR ONLY IRRE- GULAR JOB SPECIAL SAFETY

DATE _____ TESTER _____ CLERK _____

EXAM. IN LAST YEAR yes CHANGE IN RX _____

NOTE: _____

R _x - 0		FAR VISUAL PERFORMANCE PROFILE															
PHORIA	VERTICAL	X	1	2	3	4	5	6	7	8	9						
	LATERAL	X	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BOTH		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ACUITY	RIGHT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	LEFT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DEPTH		0	1	2	3	4	5	6	7	8	9						
COLOR		0	1	2	3	4	5	6									
R _x - 0		NEAR															
PHORIA	VERTICAL	X	1	2	3	4	5	6	7	8	9						
	LATERAL	X	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BOTH		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ACUITY	RIGHT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	LEFT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

BAUSCH & LOMB INCORPORATED

ROCHESTER, N.Y.

CATALOGUE NO. 71-21-62 .

PRINTED IN U.S.A.

PORT DISPLAY

PATIENT

REMOVE PROTECTIVE STRIP—PLACE TOP OF 3D REPORT HERE AND SUCCEEDING ONES ON LINES TO THE RIGHT

REMOVE PROTECTIVE STRIP—PLACE TOP OF 2D REPORT ON THIS LINE—RIGHT MARGIN ON BASE LINE

② ③ ④ ⑤ ⑥ ⑦

TS ALONG THIS BASE LINE

Alternate strips as indicated in the lower-right corner of this a separate display sheet should be used for mounting those unt on alternate (1, 3, 5, and 7) strips. Note: Microbiology should be mounted on SF 545a in all instances. DO NOT SHEETS.

FORMS DISPLAYED ON THIS PAGE ARE (Check one)

MOUNTED SERIALLY:

MOUNTED ON STRIPS 1, 3, 5, AND 7:

☐ CHEMISTRY I (SF 546)

☐ CHEMISTRY III (SF 548)

☐ CHEMISTRY II (SF 547)

☐ PARASITOLOGY (SF 552)

☐ HEMATOLOGY (SF 549)

☐ SPINAL FLUID (SF 555)

☐ URINALYSIS (SF 550)

☐ IMMUNOHEMATOLOGY (SF 556)

☐ SEROLOGY (SF 551)

☐ ASSORTED FORMS

STANDARD FORM 545
JULY 1971

LABORATORY REPORT
DISPLAY

* GPO: 1971 OF-440-850

545-101

AUDIOGRAM

NO.

LEFT EAR

RIGHT EAR

NAME KUNNEL, ROBERT
OPERATOR
TIME
DATE

DATE

FREQUENCY
HITU "ISO=ASA+X"

90	80	70	60	50	40	30	20	10
20	10	5	10	20	20	10	5	20
500	1000	2000	3000	4000	6000	500	1000	2000
X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	X=14	X=10	X=8.5
30	20	10	5	20	20	10	5	20
500	1000	2000	3000	4000	6000	500	1000	2000
X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	X=14	X=10	X=8.5
30	20	10	5	20	20	10	5	20
500	1000	2000	3000	4000	6000	500	1000	2000
X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	X=14	X=10	X=8.5

HEARING THRESHOLD LEVEL dB

ISO 1964

JOHNSON & QUIN, INC.
DPSC 24152

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>				MEDICATION				<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
AGE <i>39</i>	SEX <i>M</i>	HAIR	HEIGHT <i>5'4 1/2</i>	WEIGHT <i>160</i>	B. P.	SIGNATURE OF WARD PHYSICIAN <i>Bowen</i>		DATE <i>5/9/63</i>	
RHYTHM				AXIS DEVIATION (QRS)		RATES AURIC. VENT.			
INTERVALS PR QRS QT				P WAVES					
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG within normal limits.

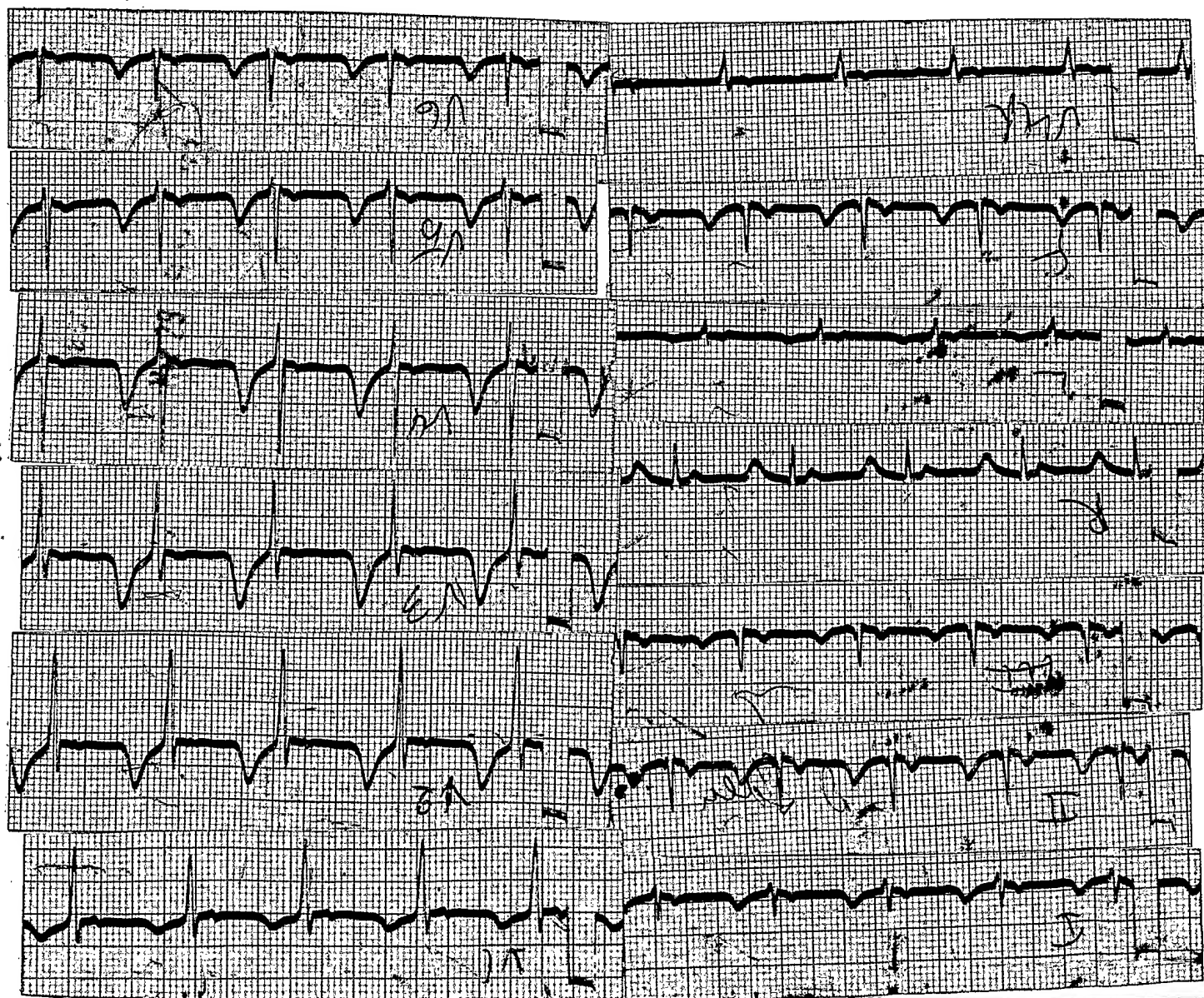
JVG

NO. ECG	SIGNATURE <i>D. Goler</i>	TITLE C.Apt. ,MC	DATE <i>9 MAY 63</i>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

Munkel Robert G.

M B C H

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>						MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE <i>40</i>	SEX <i>M</i>	RACE	HEIGHT <i>69</i>	WEIGHT <i>164</i>	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE <i>6-18-64</i>
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC. VENT.	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG Within Normal Limits.

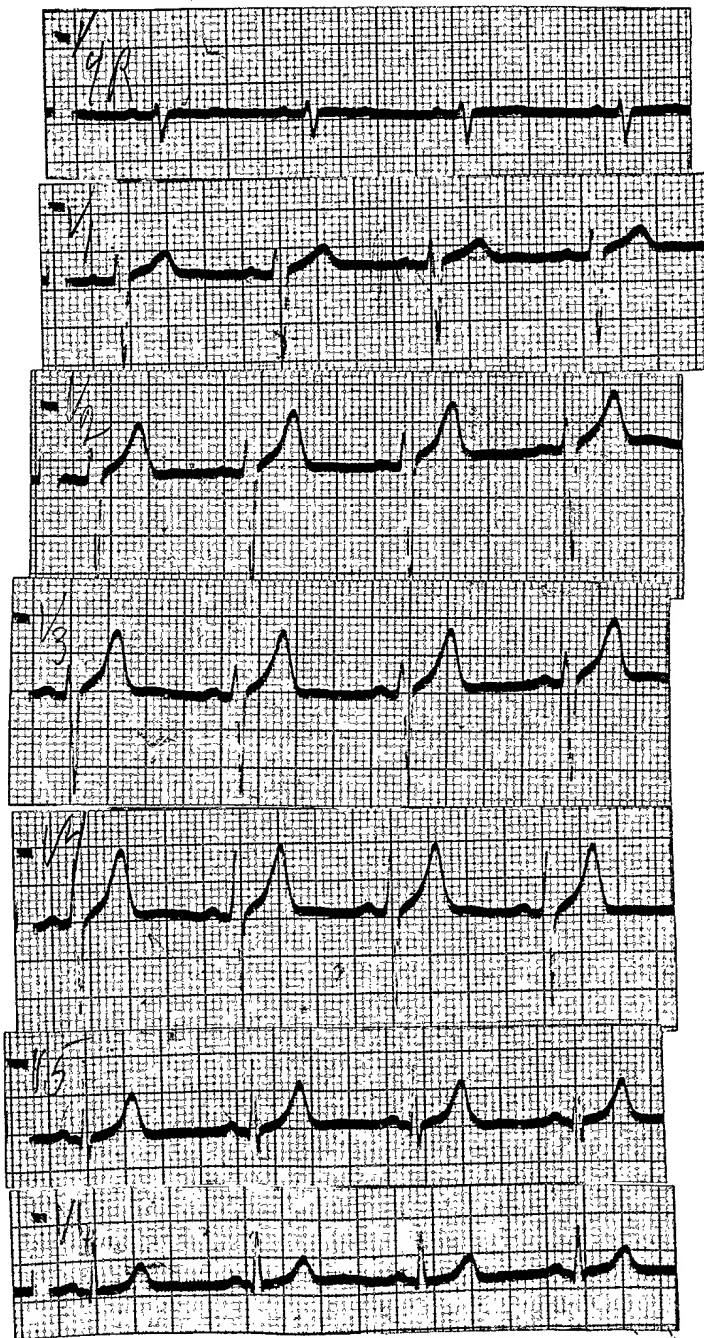
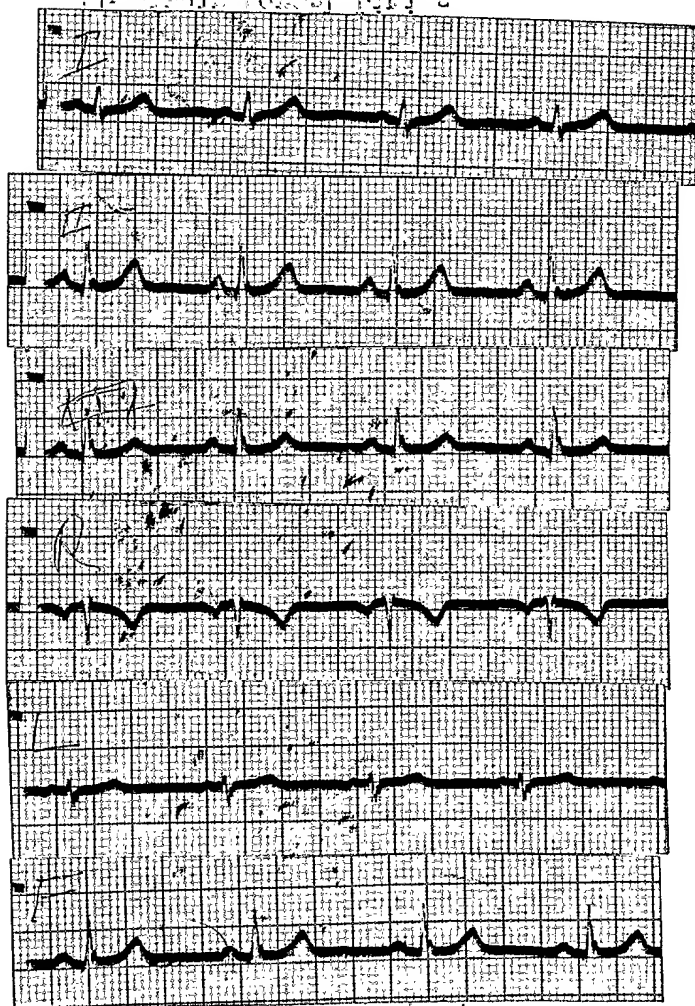
W

NO. <i>11063</i>				SIGNATURE <i>P. Ventry</i>				TITLE <i>CAPT. MC</i>		DATE <i>6/18/64</i>	
ECG <i>959</i>				P.G. VENTRY				REGISTER NO. <i>FBI</i>		WARD NO. <i>EXAM. SEC.</i>	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)											
<i>KUNKEL, ROBERT GEORGE</i>											

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

SA-FBI
W R G H

Kunkel, Robert
18 June



262

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION FBI ANNUAL						MEDICATION NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
38	Male	Cauc	69½	159	110/70	D R SMITH, CAPT USAF, MC			23 May 62
RHYTHM Normal sinus						AXIS DEVIATION (QRS) 70		RATES AURIC. VENT. 80	
INTERVALS PR .15 QRS .07 QT .34						P WAVES Normal			
QRS COMPLEXES Normal									
RS-T SEGMENT Normal						T WAVES Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

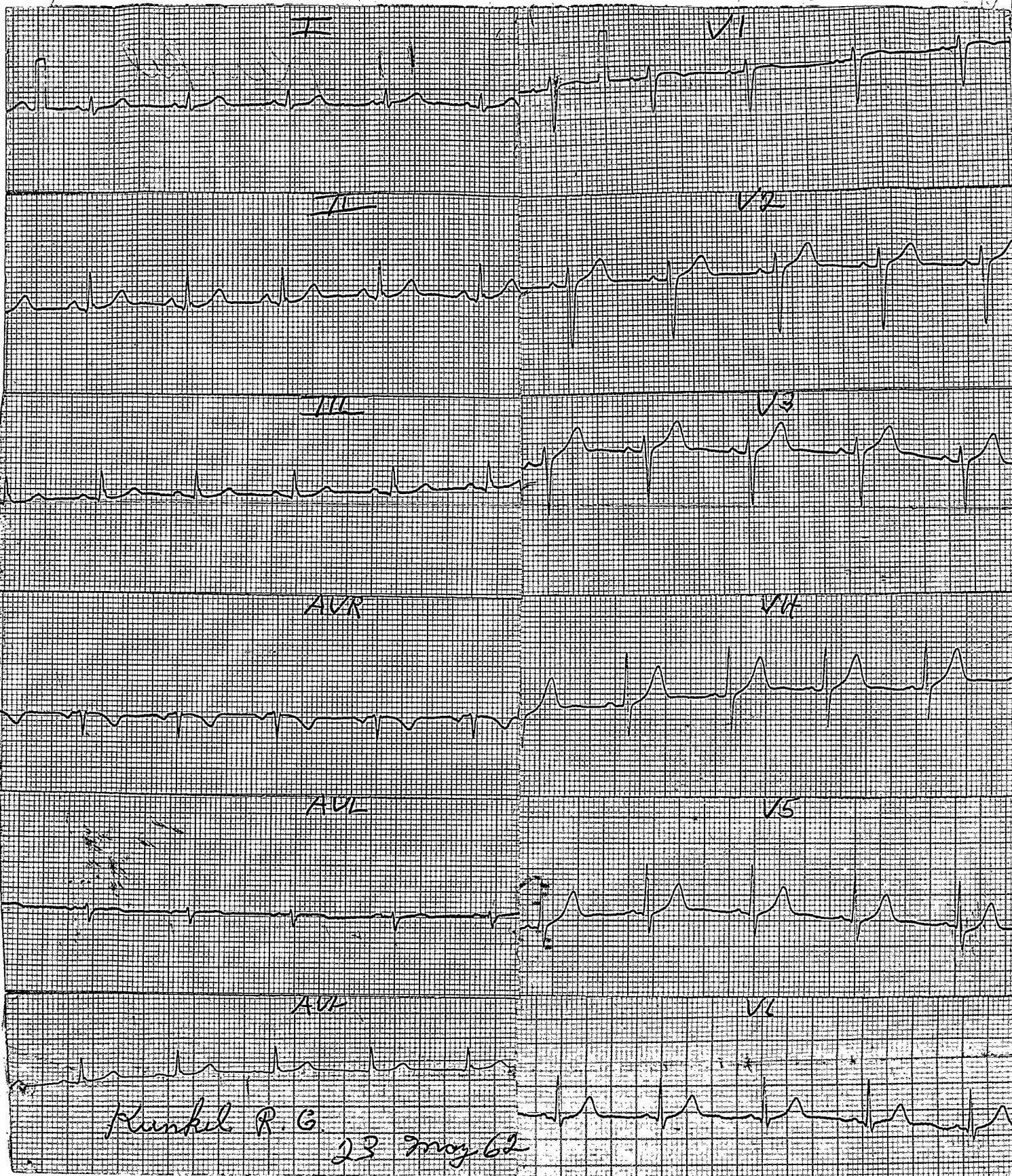
Tracing within normal limits.
There is no change from the previous tracing.

(Continue on reverse)

NO. ECG	SIGNATURE ERNEST J. CLARK, LT COL, USAF, MC	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. PEC
KUNKEL, ROBERT GEROGE, SPECIAL AGENT FBI			

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

USAF HOSPITAL CARSWELL
CARSWELL AFB, TEXAS
(Attach tracings to S. F. 507)



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

CLINICAL IMPRESSION

ROUTINE

AGE 45	SEX M	RACE Cauc	HEIGHT 70"	WEIGHT 160	B. P.	SIGNATURE OF PHYSICIAN DR. FOX	PREVIOUS ECG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
RHYTHM						EMERGENCY <input checked="" type="checkbox"/> ROUTINE	BEDSIDE <input type="checkbox"/> AMBULANT
INTERVALS						AXIS DEVIATION (QRS)	DATE 6-12-69
P-R-T		QRS COMPLEXES		QT		P WAVES	RATES AURIC. VENT.

RS-T SEGMENT

UNIPOLAR EXTREMITY LEADS (Specify)

T WAVES

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

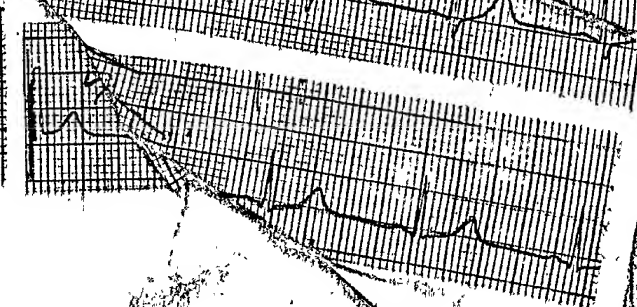
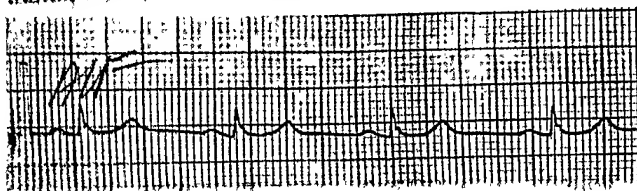
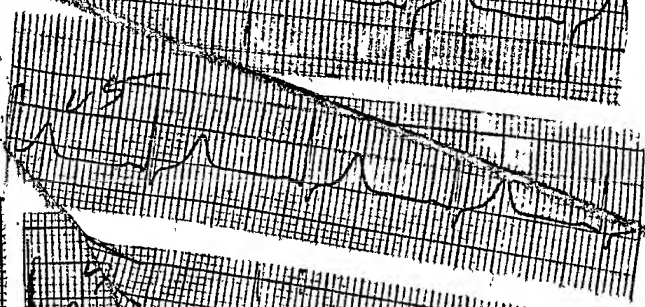
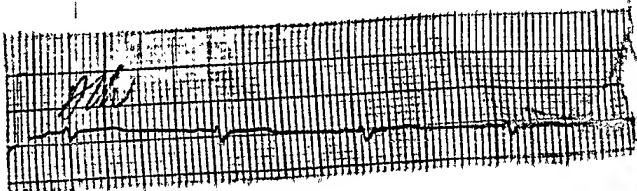
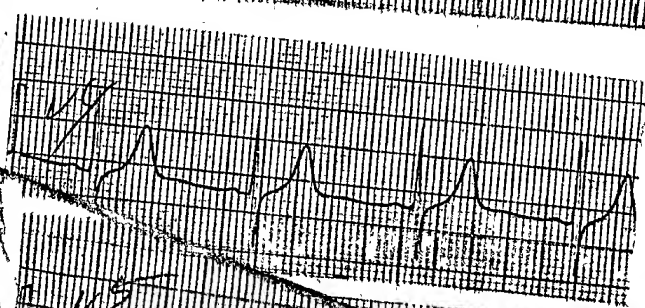
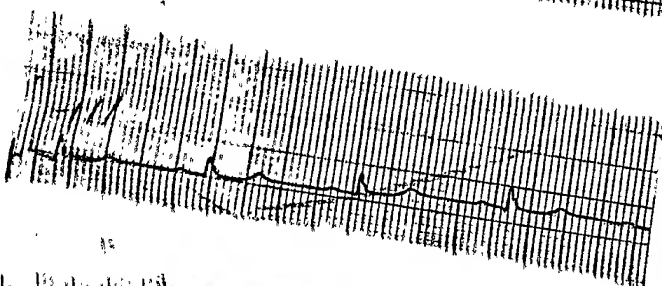
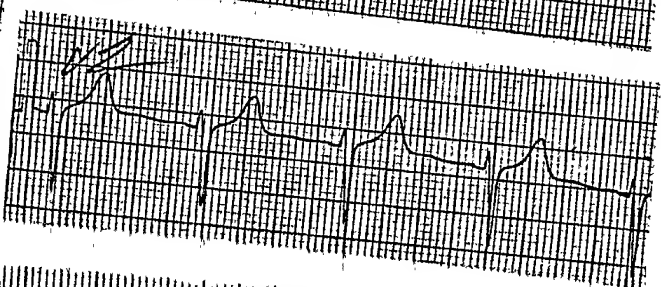
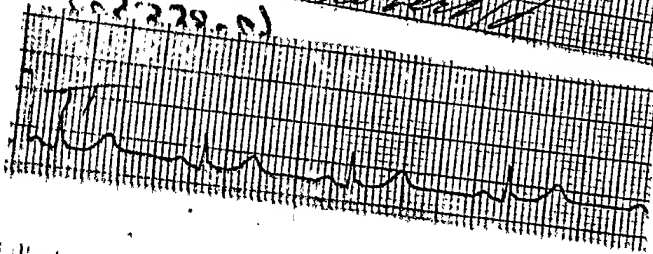
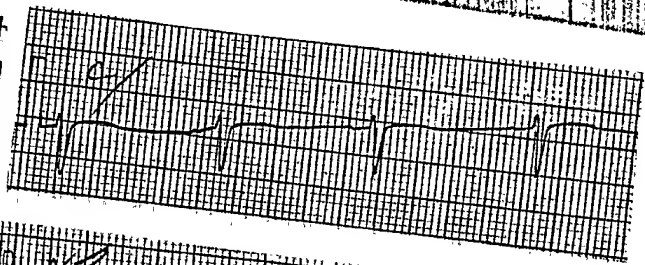
NO. 005338-69	SIGNATURE [Signature]	(Continue on reverse)	
ECG	TITLE Lead	DATE 6/17/69	WARD NO. 7-18
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. FBI	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

(Attach tracings to S. E. 507)

KUNKEL ROBERT G
SA - FBI
NNML

9/14/49
Bentley Hotel
5-2-229-0)



KUNKEL, Robert G.

316-16-9003

G-3

CE-143

REGISTER OR UNIT NO.

WARD NO.

☐ BED PATIENT

FBI Annual

OPS

☐ AMBULATORY

REQUESTED BY

DATE OF REQUEST

OPService 7/1/70

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE

REACTION

SPECIFIC GRAVITY

ALBUMIN

SUGAR

ACETONE

BILE

MICROSCOPIC; REMARKS

DATE OF REPORT

SIGNATURE (Specify Lab if not part of requesting facility)

JUL 1 1970

NAME OF MEDICAL FACILITY

G-3 CE-143

9236
KUNKEL, Robert G.

316-16-9003

REGISTER OR UNIT NO.

FBI Annual

WARD NO.

OPS

☐ BED PATIENT

☐ AMBULATORY

REQUESTED BY AND DATE

OPService 7/1/70

DATE COLLECTED

JUL 1 1970

CLINICAL DATA

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME

☐ ROUTINE FLOCCULATION

☐ ROUTINE COMPLEMENT FIXATION

☐ OTHER (Specify)

REPORT

VDRL NEGATIVE

DATE OF REPORT

JUL 2 1970

SIGNATURE (Specify Lab. if not part of requesting facility)

mt

NAME OF MEDICAL FACILITY

SYRICOLOGY LABORATORY
V A HOSPITAL, MEMPHIS

1-14 Ray

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

FBI Annual

WARD NO.

OPS

KUNKEL, Robert G.

316-16-9003

AGE

SEX

(Check one)

46

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

Chest

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

JUL 1 1970

FILM NO.

9003

DATE OF REQUEST

7/1/70

REQUESTED BY

OPService

RADIOGRAPHIC REPORT

CHEST: No significant pathology
is demonstrated.

[Signature]
H. E. H. M.D.

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

VETERANS ADM. HOSPITAL

RADIOLOGY SERVICE

MEMPHIS, TN 38103

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

☆ GPO : 1968-309-421

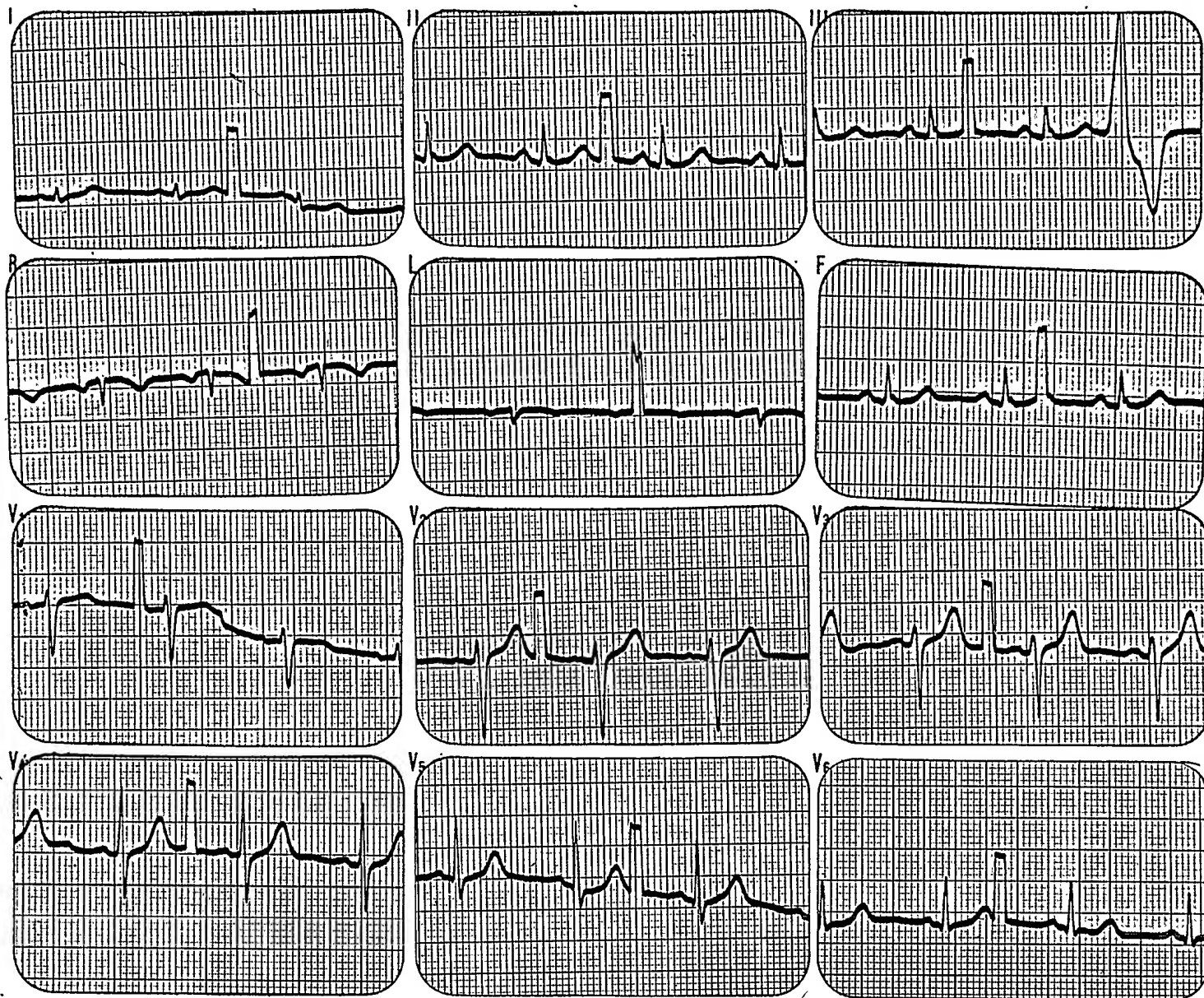
Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-207-02



40111 #1 7-1-70 E.D.

KUNKEL, Robert G. (FBI Annual) Age 46 7/1/70

316-16-9003

Within normal limits
No previous ECG
Cox

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine</i>				MEDICATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE <i>42</i>	SEX <i>M</i>	RACE <i>CAUC</i>	HEIGHT <i>70"</i>	WEIGHT <i>162</i>	B. P. <i>110/70</i>	SIGNATURE OF WARD PHYSICIAN <i>J. M. Edgett</i>		DATE <i>6/16/66</i>	
RHYTHM				AXIS DEVIATION (QRS)		RATES			
INTERVALS				P WAVES		AURIC.		VENT.	
PR				QRS		QT			
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG within normal limits.

65				Joseph W. Edgett (Continue on reverse)				
NO. ECG <i>818</i>	SIGNATURE <i>J. M. Edgett</i>			TITLE <i>Major, MC</i>			DATE <i>16 June 66</i>	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)							REGISTER NO. <i>FBI</i>	WARD NO. <i>Phy. E/om</i>

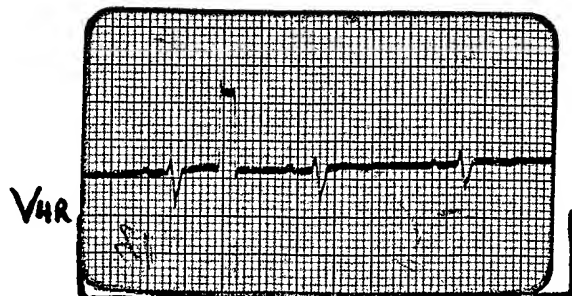
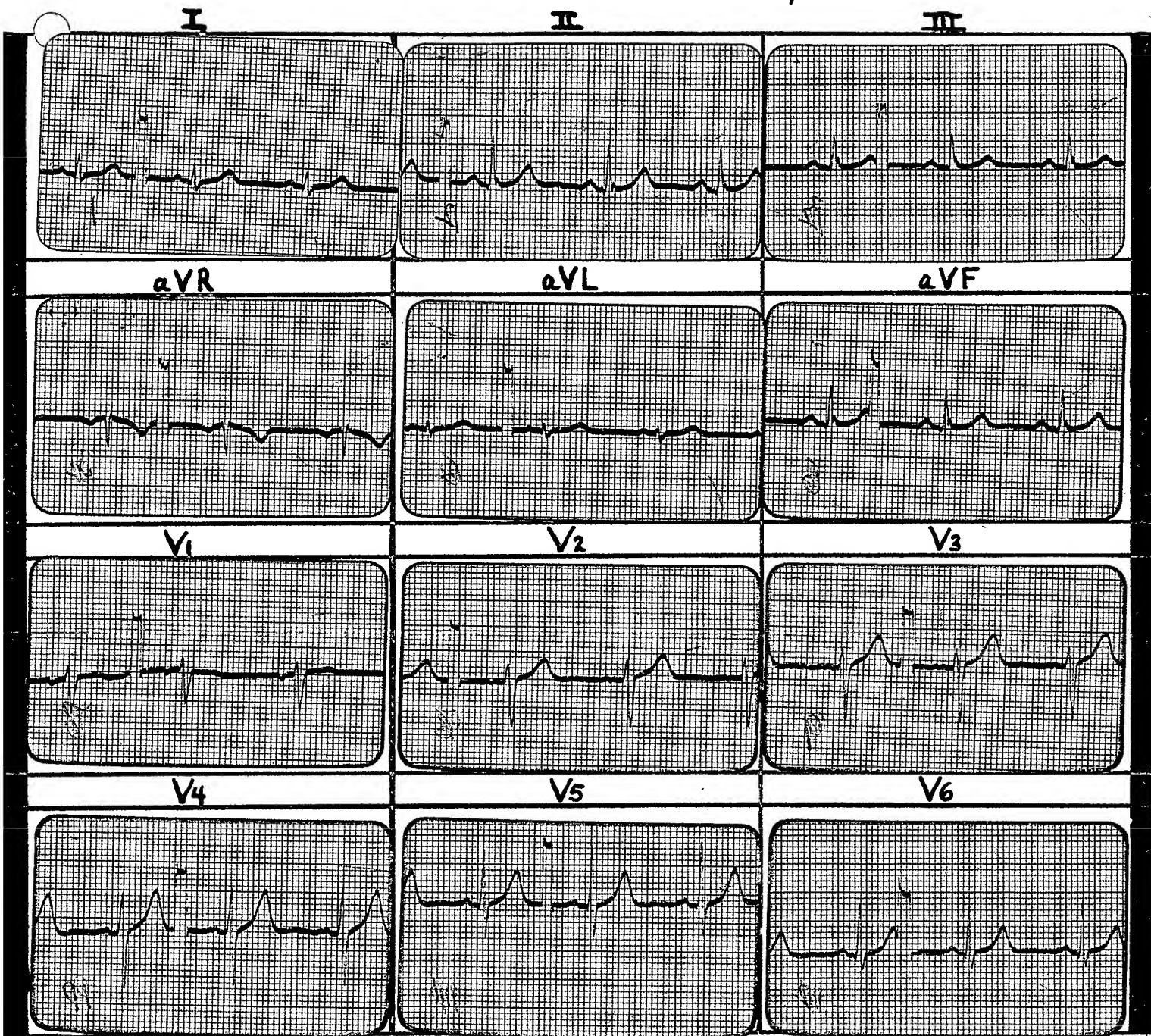
KUNKEL, ROBERT GEO.
FBI
WRGX

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

KUNKEL

ECG MOUNTING RECORD

16 June 66 X



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG																					
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>				MEDICATION <i>None</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO																					
AGE <i>41</i>				SEX <i>M</i>				RACE <i>CAUC</i>				HEIGHT <i>69"</i>				WEIGHT <i>164</i>				B. P.				SIGNATURE OF WARD PHYSICIAN				DATE <i>6-25-65</i>	
RHYTHM														AXIS DEVIATION (QRS)				RATES AURIC. VENT.											
INTERVALS PR QRS QT														P WAVES															
QRS COMPLEXES																													
RS-T SEGMENT														T WAVES															
UNIPOLAR EXTREMITY LEADS (Specify)																													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

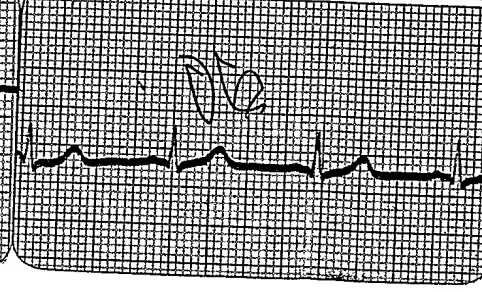
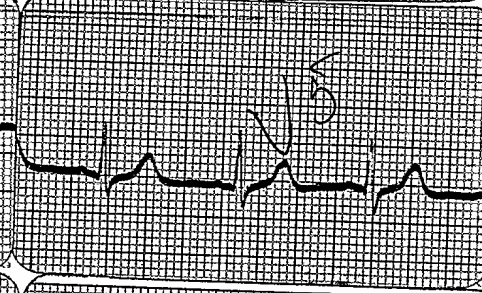
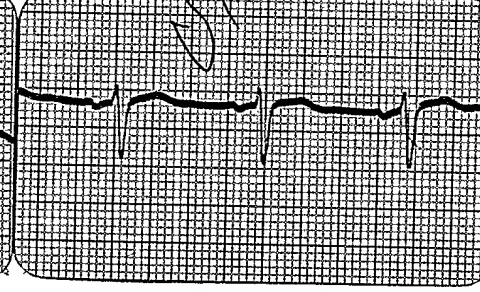
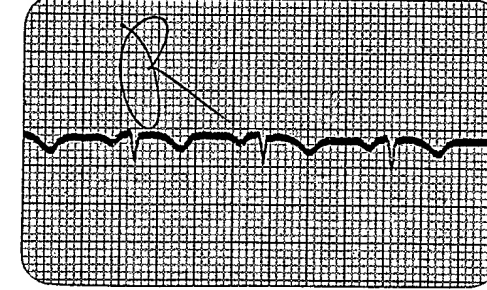
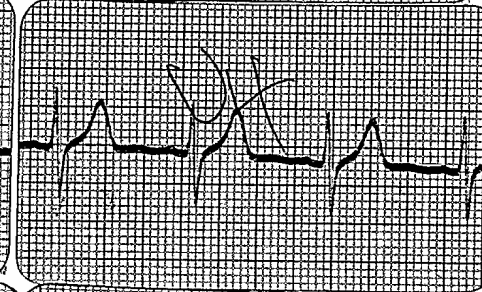
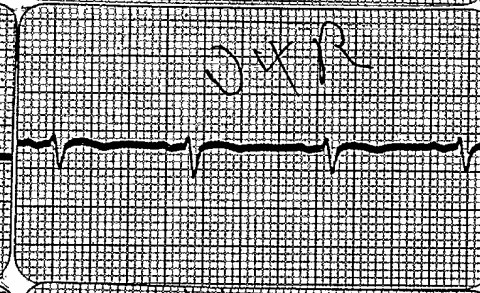
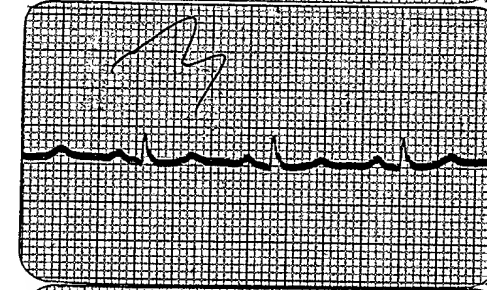
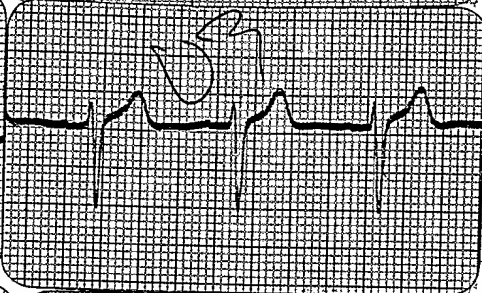
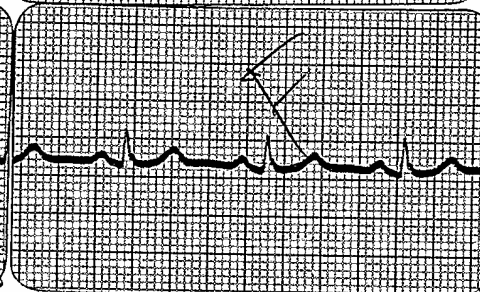
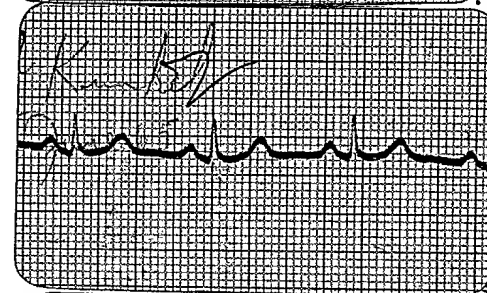
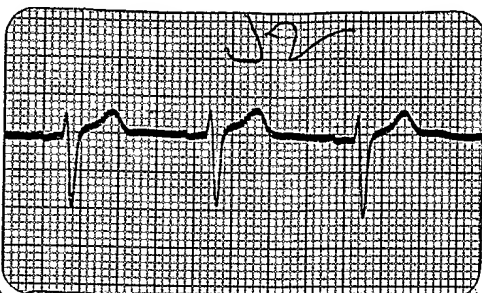
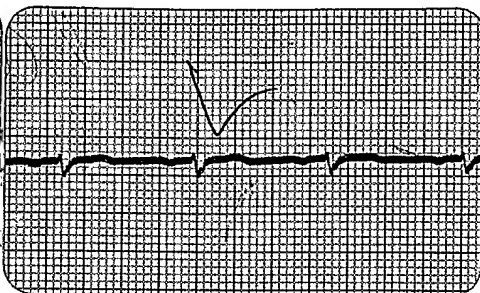
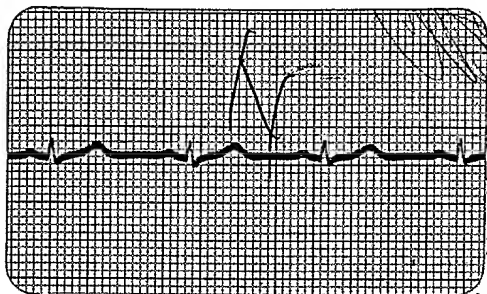
ECG Within Normal Limits.
1. Low voltage.

NO. <i>Rx0 64</i>		SIGNATURE <i>[Signature]</i>		(Continue on reverse)		TITLE		DATE <i>25 June 65</i>	
ECG <i>1368</i>		A. J. OGNIENE		MAJ. MC		REGISTER NO.		WARD NO.	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						Physical Exam.		SECTION	

Kunkel, Robert G.
SA - FBI
WRG#

Kanhel
25 June 65

1. 31. 65



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>				MEDICATION <i>none</i>				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>44</i>	SEX <i>M</i>	RACE <i>Cauc</i>	HEIGHT <i>70</i>	WEIGHT <i>160</i>	B. P. <i>120/70</i>	SIGNATURE OF WARD PHYSICIAN <i>Isaacson</i>			DATE <i>6-7-68</i>
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG within normal limits.

No significant change compared to last tracing: *15 June '67*

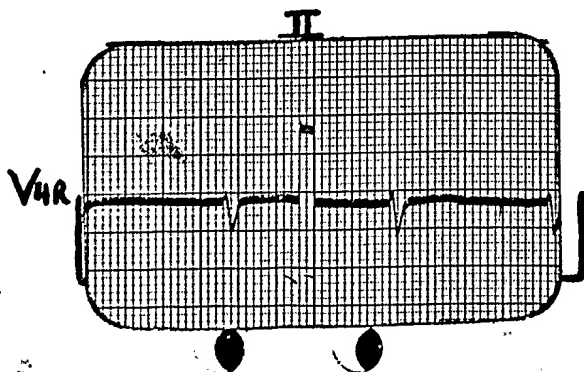
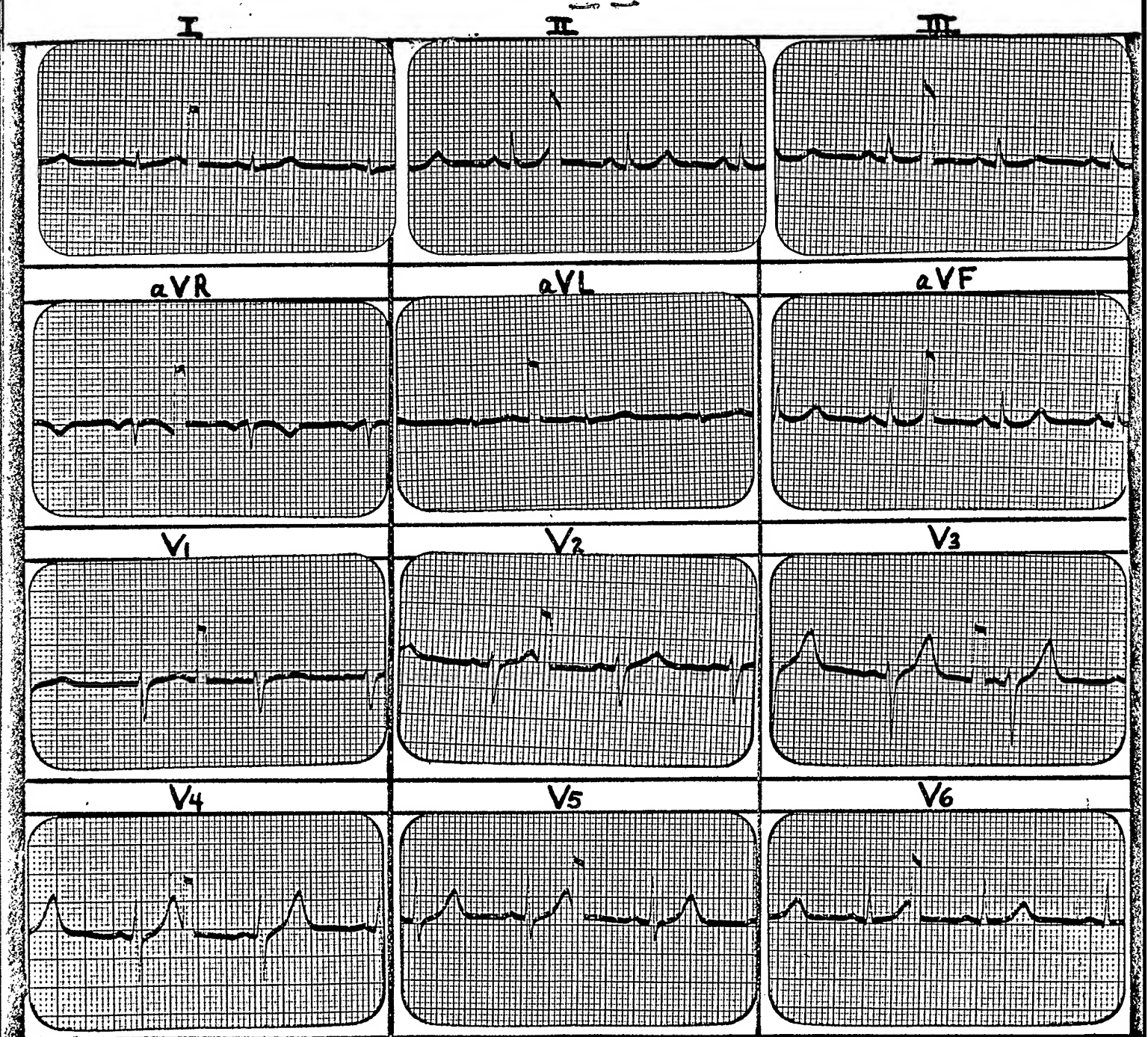
JUNE 67 <i>44</i> (Continued on reverse)				<i>222</i>	
NO. ECG <i>537</i>	SIGNATURE <i>DANIEL L. MACKEN</i> CPT, MC	TITLE		DATE <i>7 June 68</i>	
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade; date, hospital or medical facility)				REGISTER NO.	
<i>Kunkel, Robert G.</i>				WARD NO. <i>FBI PHY. EXAM. SEC.</i>	
<i>SA-FBI</i> <i>WAGH</i>				ELECTROCARDIOGRAPHIC RECORD Standard Form 520 520-104-02 (Attach tracings to S. F. 507)	

PAm

Kunkel, Robert G.

ECG MOUNTING RECORD

7 June 68



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>43</i>	SEX <i>M</i>	RACE <i>Cauc</i>	HEIGHT <i>5'10"</i>	WEIGHT <i>162</i>	B. P. <i>115/85</i>	SIGNATURE OF WARD PHYSICIAN			DATE <i>6-15-67</i>
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG within normal limits.

66 *SRJS*
(Continue on reverse)

NO. ECG <i>1040</i>	SIGNATURE <i>Stefan G. Sarre</i> LTC, MC	TITLE	DATE
------------------------	--	-------	------

PATIENT'S IDENTIFICATION (For typed or written entries give Name last first, middle, grade, date, hospital or medical facility)

KUNKEL, ROBERT G.
SA-FBI
WRGH

REGISTER NO. *FBI PHY. EXAM. SEC.*

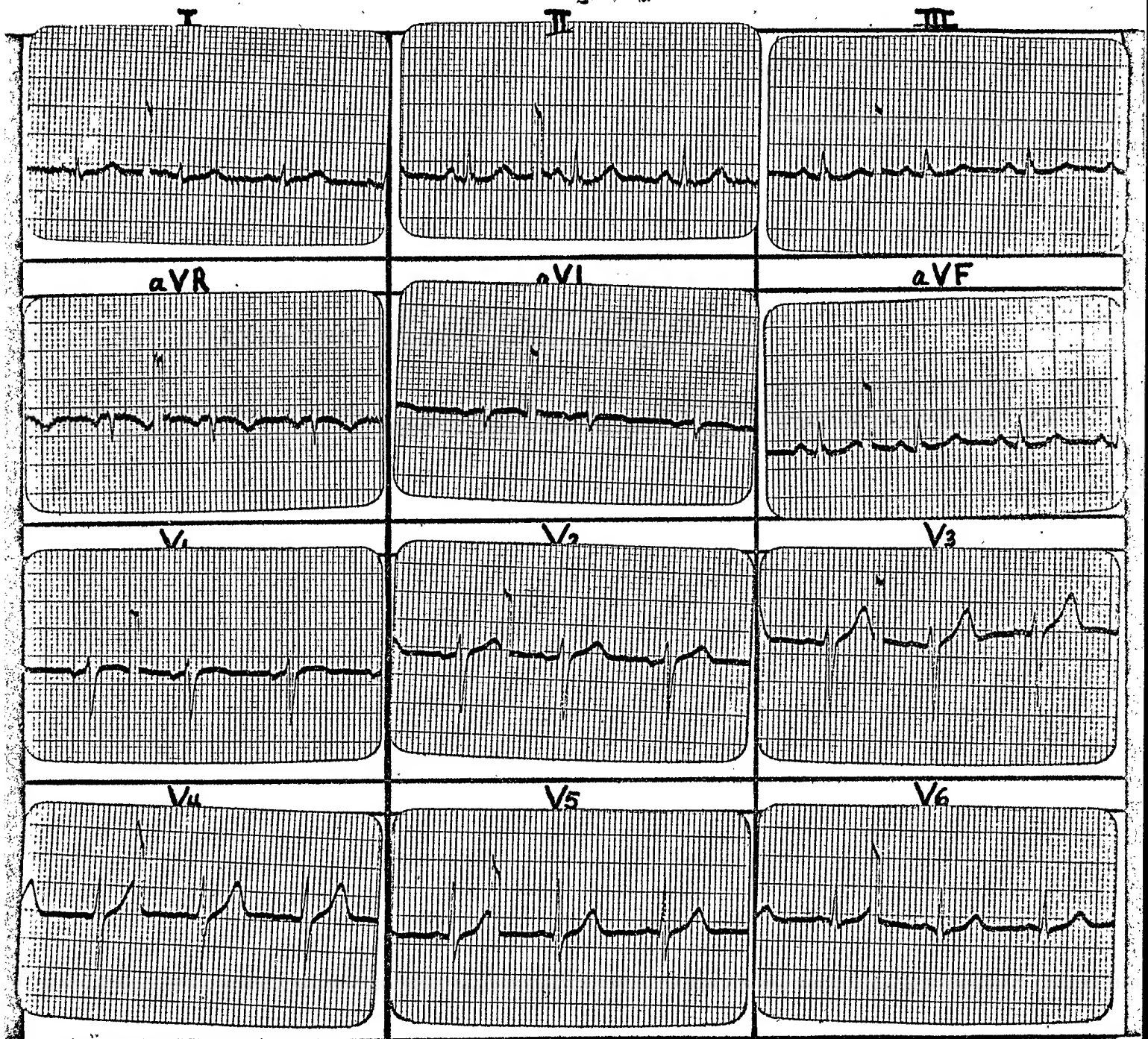
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

KUNKEL, ROBERT

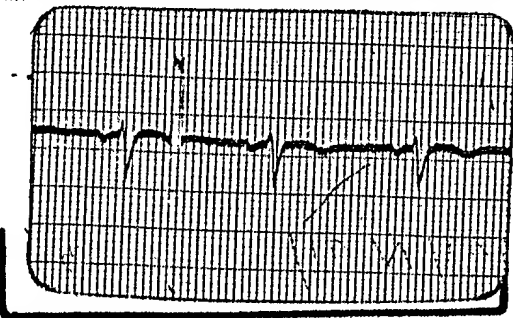
ECG MOUNTING RECORD

15 JUN 67

PMS



V4R

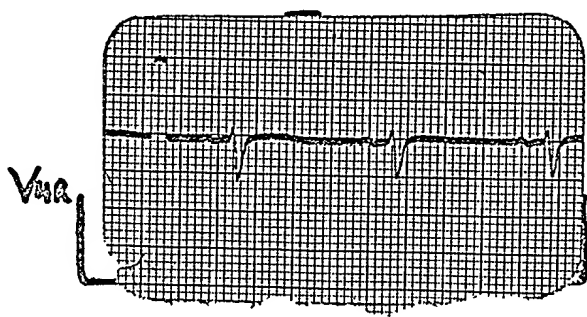
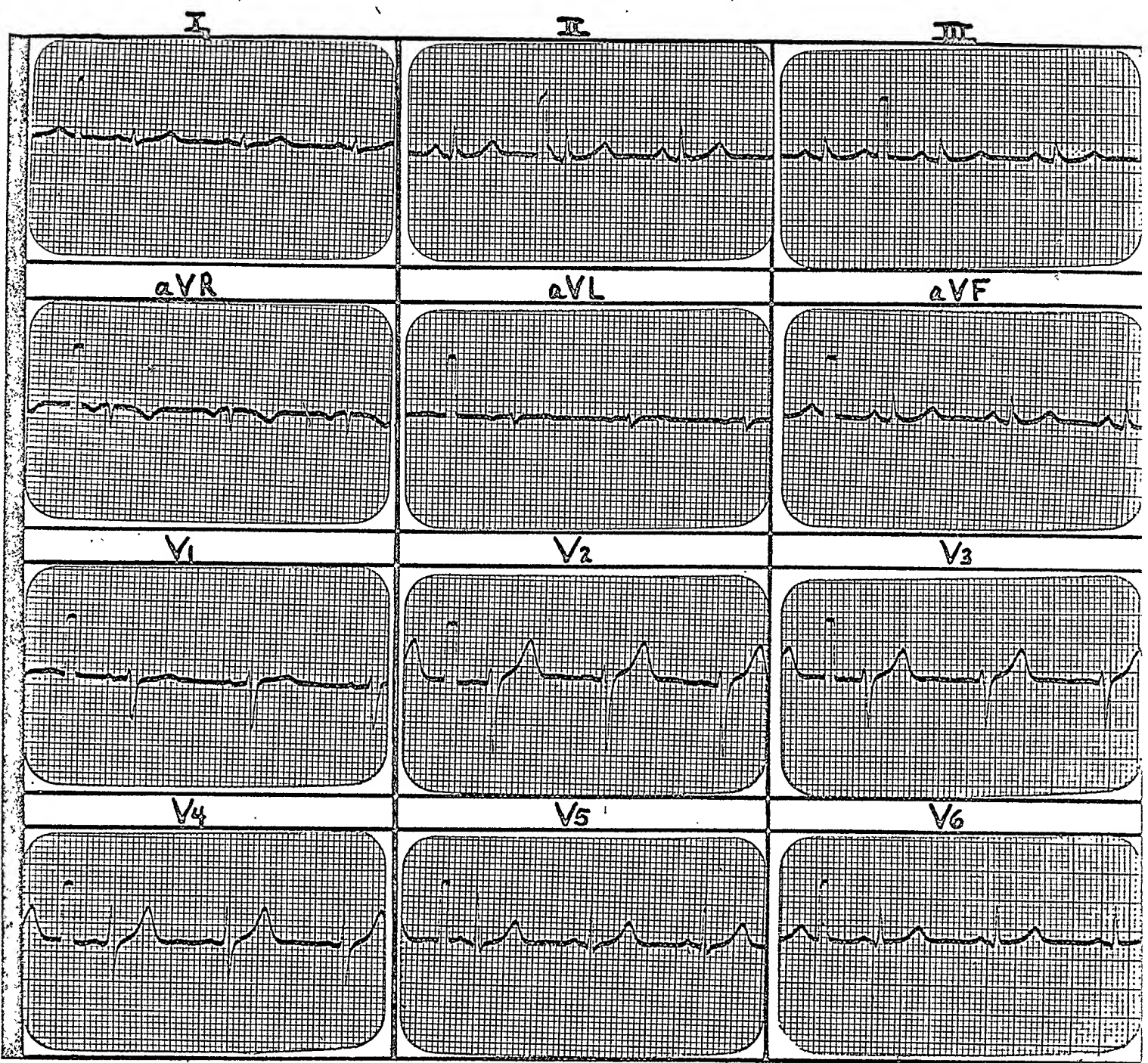


Kunkel, Robert G

ECG MOUNTING RECORD

29 July 71

PKC



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine Fio FBZ</i>						MEDICATION <i>map</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE <i>47</i>	SEX <i>M</i>	RACE <i>CONC</i>	HEIGHT <i>69 1/2</i>	WEIGHT <i>163</i>	B. P. <i>110/70</i>	SIGNATURE OF WARD PHYSICIAN <i>FBI PHY. EXAM. SEC</i> <i>JOSEPH I. WOLLMAN, M.D.</i>		DATE <i>7-29-71</i>	
RHYTHM						RATES		AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

68		(Continued on reverse)		col	
NO. ECG	<i>19 73</i>	SIGNATURE <i>Gerald A. Sweeney, MD.</i> MAJ., M.C.	TITLE	DATE <i>29 JUL 71</i>	WARD NO.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO. <i>FBI PHY. EXAM. SEC.</i>		

KUNKEL, ROBERT G.
SA FBZ
WRQA 316-16-9003

REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEE, ROBERT G.			2. TITLE OF POSITION Inspector		3. SOCIAL SECURITY NUMBER	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 6/17/69	
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE 27		9. AGENCY FBI		10. ORGANIZATION UNIT	
	MILITARY 3	CIVILIAN 24				
11. DATE OF BIRTH 5/17/24		12. PLACE OF BIRTH Jasper, Indiana		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)		

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent.

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>			BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
	<input checked="" type="checkbox"/>		HAY FEVER		<input checked="" type="checkbox"/>		APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
	<input checked="" type="checkbox"/>		HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20. WHAT IS YOUR USUAL OCCUPATION? FBI Agent	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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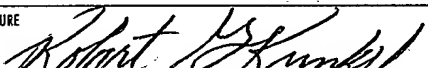
Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

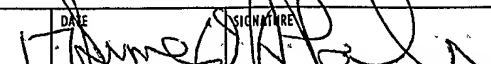

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE Robert G. Kunkel	SIGNATURE 
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER 	DATE 11/11/68	SIGNATURE 	NUMBER OF ATTACHED SHEETS 1
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REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

b6
b7C

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT G.		2. TITLE OF POSITION Special Agent in Charge		3. SOCIAL SECURITY NUMBER 316 16 9003	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		5. PURPOSE OF EXAMINATION Annual Physical		6. DATE OF EXAMINATION 7/1/70	
7. SEX Male	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	9. AGENCY FBI		10. ORGANIZATION UNIT Memphis Division	
11. DATE OF BIRTH May 17, 1924		12. PLACE OF BIRTH Jasper, Indiana		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) VA Hospital 1030 Jefferson, Memphis, Tenn.	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)					

I am in excellent health.

15. DO YOU (Please check at left of each item):						16. HAVE YOU EVER (Please check at left of each item):					
YES	NO	(Check each item)				YES	NO	(Check each item)			
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES					<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES					<input checked="" type="checkbox"/>	COUGHED UP BLOOD			
	<input checked="" type="checkbox"/>	WEAR A HEARING AID					<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY									
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT									

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>			BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
	<input checked="" type="checkbox"/>		HAY FEVER		<input checked="" type="checkbox"/>		APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
	<input checked="" type="checkbox"/>		HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1		19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 25 yrs.		20. WHAT IS YOUR USUAL OCCUPATION? FBI Agent		21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	
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Do Not Remove Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Robert G. Kunkel

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

LAWRENCE E. BROWN, M. D.

DATE

7/1/70

SIGNATURE

Lawrence E. Brown M.D.

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kunkel Robert George</i>		2. TITLE OF POSITION <i>SAC</i>	3. SOCIAL SECURITY NUMBER <i>316 16 9003</i>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION <i>Aug. 18, 1972</i>
7. SEX <i>M</i>	8. TOTAL YEARS GOVERNMENT SERVICE <i>30</i> MILITARY <i>3</i> CIVILIAN <i>27</i>	9. AGENCY <i>FBI</i>	10. ORGANIZATION UNIT <i>WFO</i> b6 b7C
11. DATE OF BIRTH <i>MAY 17, 1924</i>	12. PLACE OF BIRTH <i>Jasper, Indiana</i>	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)			

Excellent.

15. DO YOU (Please check at left of each item):						16. HAVE YOU EVER (Please check at left of each item):					
YES	NO	(Check each item)				YES	NO	(Check each item)			
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES					<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES					<input checked="" type="checkbox"/>	COUGHED UP BLOOD			
	<input checked="" type="checkbox"/>	WEAR A HEARING AID					<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY									
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT									
17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS				<input checked="" type="checkbox"/>		ASTHMA		
	<input checked="" type="checkbox"/>		DIPHTHERIA				<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER				<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS				<input checked="" type="checkbox"/>		CHRONIC COUGH		
<input checked="" type="checkbox"/>			MUMPS				<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		
	<input checked="" type="checkbox"/>		COLOR BLINDNESS				<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE				<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS				<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		
	<input checked="" type="checkbox"/>		EYE TROUBLE				<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE				<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		
	<input checked="" type="checkbox"/>		RUNNING EARS				<input checked="" type="checkbox"/>		JAUNDICE		
	<input checked="" type="checkbox"/>		HEARING LOSS				<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS			<input checked="" type="checkbox"/>			BROKEN BONES		
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE				<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		
	<input checked="" type="checkbox"/>		SINUSITIS				<input checked="" type="checkbox"/>		RUPTURE/HERNIA		
	<input checked="" type="checkbox"/>		HAY FEVER				<input checked="" type="checkbox"/>		APPENDICITIS		
	<input checked="" type="checkbox"/>		HEAD INJURY				<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		
	<input checked="" type="checkbox"/>		SKIN DISEASES				<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		
	<input checked="" type="checkbox"/>		GOITER				<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		
	<input checked="" type="checkbox"/>		TUBERCULOSIS				<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)				<input checked="" type="checkbox"/>		BOILS		
18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <i>1</i>			19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <i>36</i>			20. WHAT IS YOUR USUAL OCCUPATION? <i>SAC</i>			21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED		

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	✓	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓	✓	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) <i>Tachikawa AFB - Tokyo, 1959, Strep throat</i>
	✓	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Robert G. Kunkel

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*#14 noted no complaints of
current health and undamaged liver last E
58(17 to 31) per doc neg*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
JOSEPH I. WOLLMAN M.D.

DATE
10 AUG 1972

SIGNATURE

[Signature]

NUMBER OF ATTACHED
SHEETS

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kunkel, Robert G.</i>		2. TITLE OF POSITION <i>SAC</i>	3. SOCIAL SECURITY NUMBER <i>316 16 9003</i>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <i>[Redacted]</i>		5. PURPOSE OF EXAMINATION <i>Annual</i>	6. DATE OF EXAMINATION <i>July 29, 1971</i>
7. <i>M</i>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <i>3</i> CIVILIAN <i>26</i>	9. AGENCY <i>FBI</i>	10. ORGANIZATION UNIT <i>WFO</i> <i>b6 b7C</i>
11. DATE OF BIRTH <i>MAY 17, 1924</i>		12. PLACE OF BIRTH <i>Jasper, Indiana</i>	
13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)			

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent

15. DO YOU (Please check at left of each item):		16. HAVE YOU EVER (Please check at left of each item):	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WEAR GLASSES OR CONTACT LENSES		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HAVE VISION IN BOTH EYES		COUGHED UP BLOOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WEAR A HEARING AID		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <i>1</i>	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <i>34-9</i>	20. WHAT IS YOUR USUAL OCCUPATION? <i>SAC</i>	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	--	--	--

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Robert G. Kunkel

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

#14 noted no cephalexin rx
current health good &
unchanged since last PE
58 (17 to 31) rev for key

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

JOSEPH I. WOLLMAN M.D.

DATE

29 JUL 1971

SIGNATURE

Joe

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION <i>ROUTINE for FBI.</i>						MEDICATION <i>nil</i>		<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>48</i>	SEX <i>M</i>	RACE <i>—</i>	HEIGHT	WEIGHT	B. P. <i>128/</i>	SIGNATURE OF WARD PHYSICIAN <i>Dr. William J. Mc</i>			DATE <i>8-10-72</i>
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR QRS QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

within normal limits

(Continue on reverse)

NO. <i>1006</i>	SIGNATURE <i>Dr. J. Mc</i>	TITLE <i>MAJ MC</i>	DATE <i>JAD</i>
ECG			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

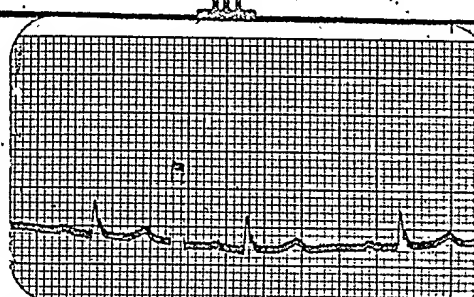
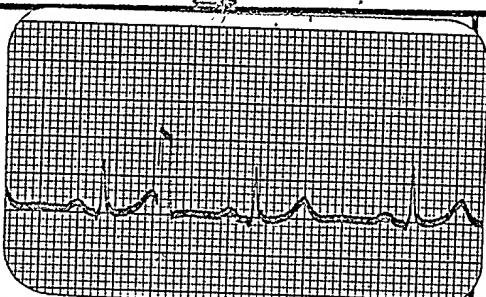
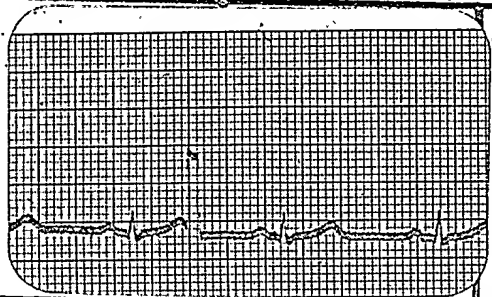
*MUNKEL, ROBERT G.
S.A.C. F.B.I.
316-16-9003*

REGISTER NO. *WRCH* FBI *Phy* *see*

I

II

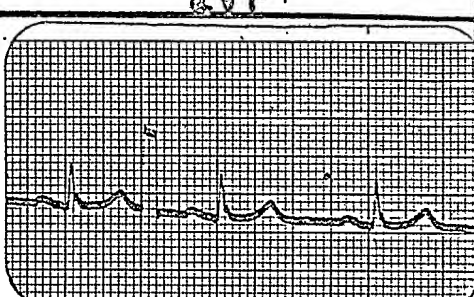
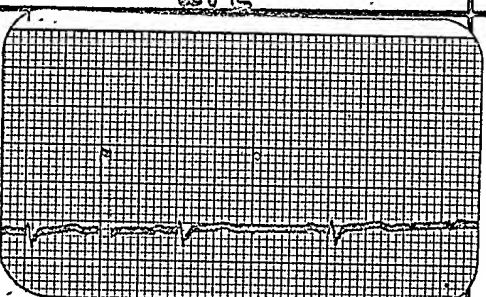
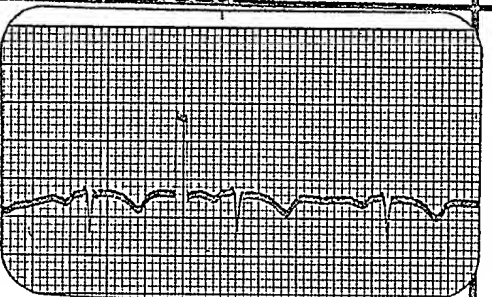
III



aVR

aVL

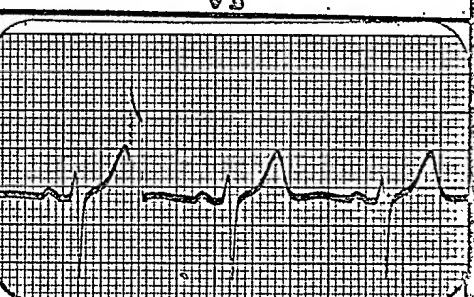
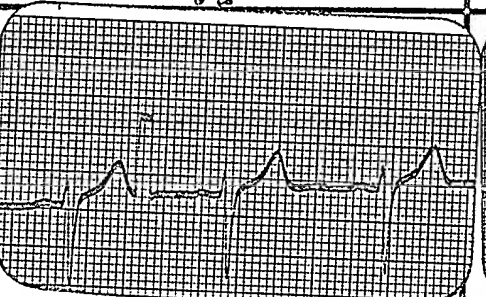
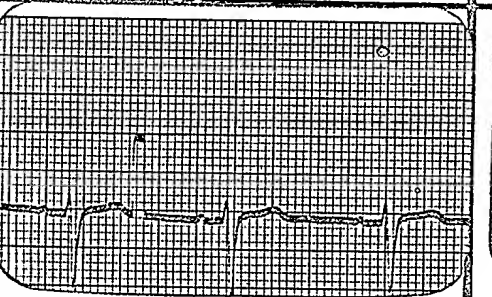
aVF



V1

V2

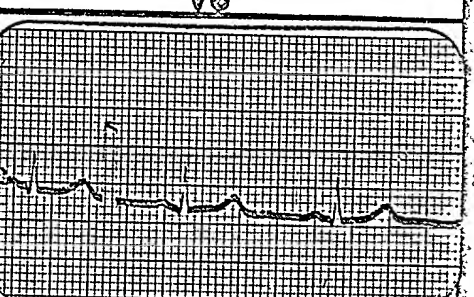
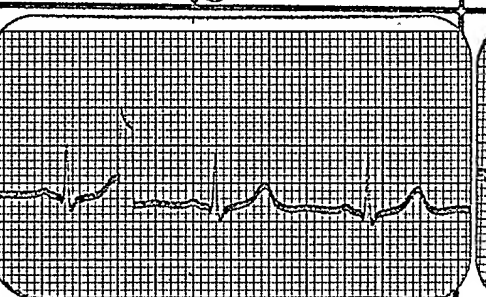
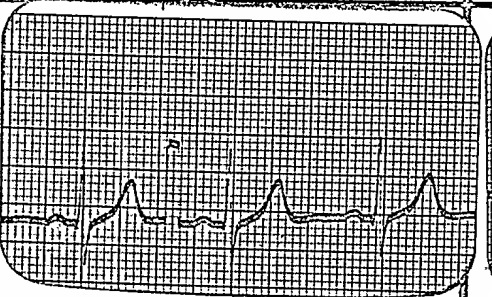
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V4

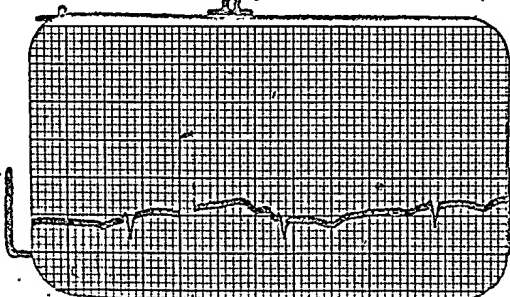
V5

V6



II

V7a



MEDICAL SYSTEMS DEVELOPMENT LABORATORY - HEART DISEASE CONTROL PROGRAM
COMPUTER PROCESSED ELECTROCARDIOGRAM
WALTER REED ARMY INSTITUTE OF RESEARCH

NAME KUNKEL, ROBERT /WOLL.
 PAT ID 00 316 169003 TAPE WRGH DATE 08/09/74 PHYS EXAM SEQ. 26
 50 YR MALE 5 FT 10 IN 170 LBS

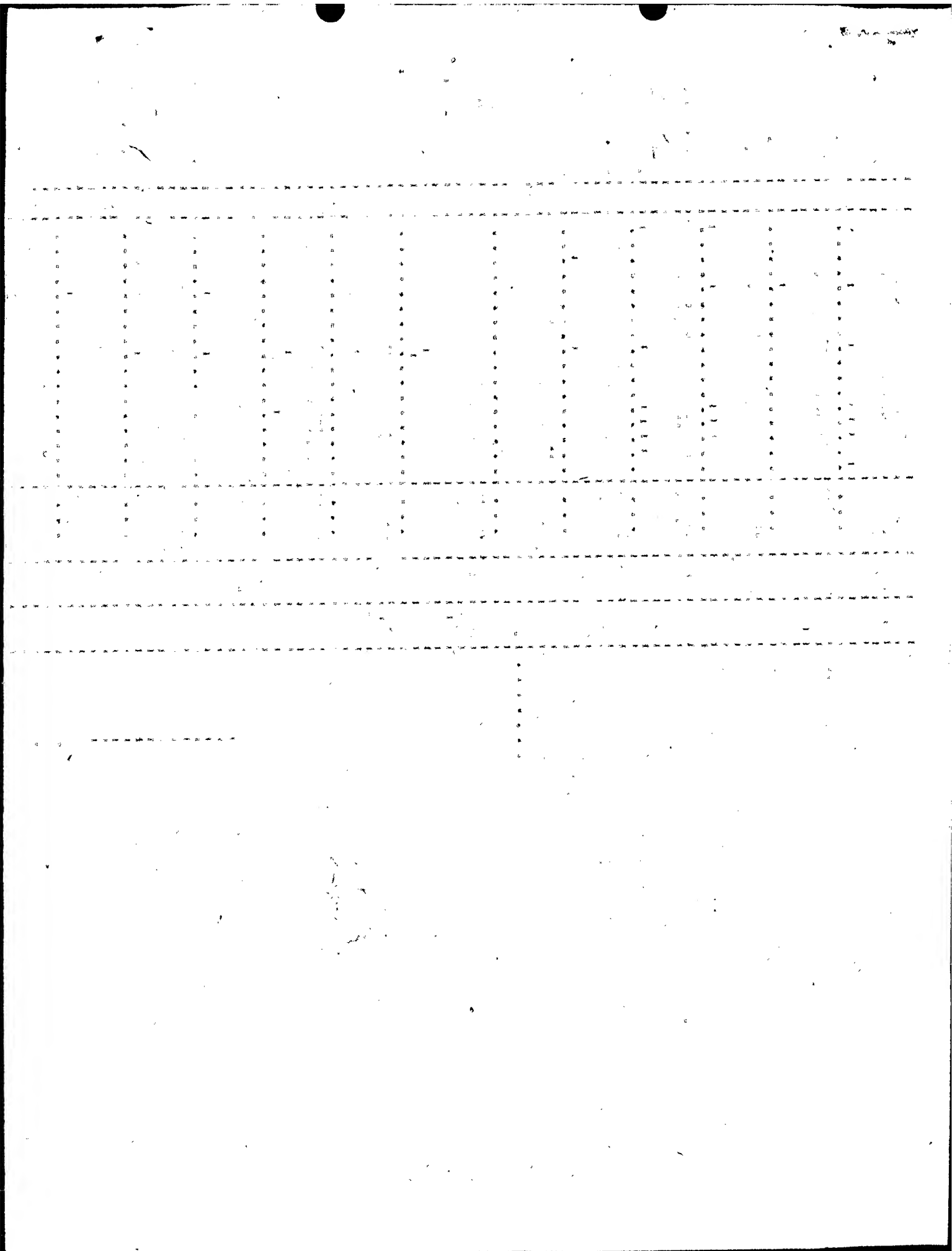
	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
PA	.07	.04	-.06	-.05	.07	.05	.05	.07	.07	.07	.03	.06
PD	.07	.07	-.09	-.04	.09	.01	.04	.08	.07	.09	.05	.08
PPA	.00	.00	.00	.00	-.04	.00	.00	.00	.00	.00	-.04	.00
PPD	.00	.00	.00	.00	.04	.00	.00	.00	.00	.00	.04	.00
Q/SA	-.06	-.06	-.04	.00	.00	.00	.00	.00	.00	.00	.00	.00
Q/SD	.03	.03	.01	.00	.00	.00	.00	.00	.00	.02	.02	.02
RA	.39	.57	.24	.07	.16	.39	.29	.29	.35	1.31	1.02	.72
RD	.03	.07	.05	.02	.03	.09	.03	.03	.05	.04	.04	.04
SA	-.15	.00	.00	-.49	-.20	.00	-1.18	-1.27	-1.02	-.71	-.17	.00
SD	.03	.00	.00	.03	.04	.00	.05	.06	.03	.03	.03	.00
RPA	.00	.00	.00	.07	.00	.00	.00	.00	.00	.00	.00	.00
RPD	.00	.00	.00	.03	.00	.00	.00	.00	.00	.00	.00	.00
STO	-.01	.01	-.01	-.03	.00	.01	.01	.06	-.02	.07	.03	.00
STM	-.01	.03	-.01	-.02	.02	.04	.07	.11	.12	.07	.00	.01
STE	-.01	.02	-.01	-.04	.03	.05	.11	.14	.18	.11	.03	.02
TA	.18	.24	.10	-.23	.10	.19	.20	.54	.82	.63	.37	.25
TPA	-.03	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
PR	.12	.12	.18	.15	.16	.15	.14	.15	.14	.14	.12	.14
QRS	.09	.10	.06	.08	.07	.09	.08	.09	.08	.09	.09	.06
QT	.44	.40	.37	.38	.35	.40	.39	.41	.40	.40	.42	.40
RATE	71	72	70	72	73	72	71	71	71	68	70	68
CODE	3	3	2L	4	3	4	3	3	3	2	3	2
CAL	99	98	99	99	98	99	99	98	99	99	98	99

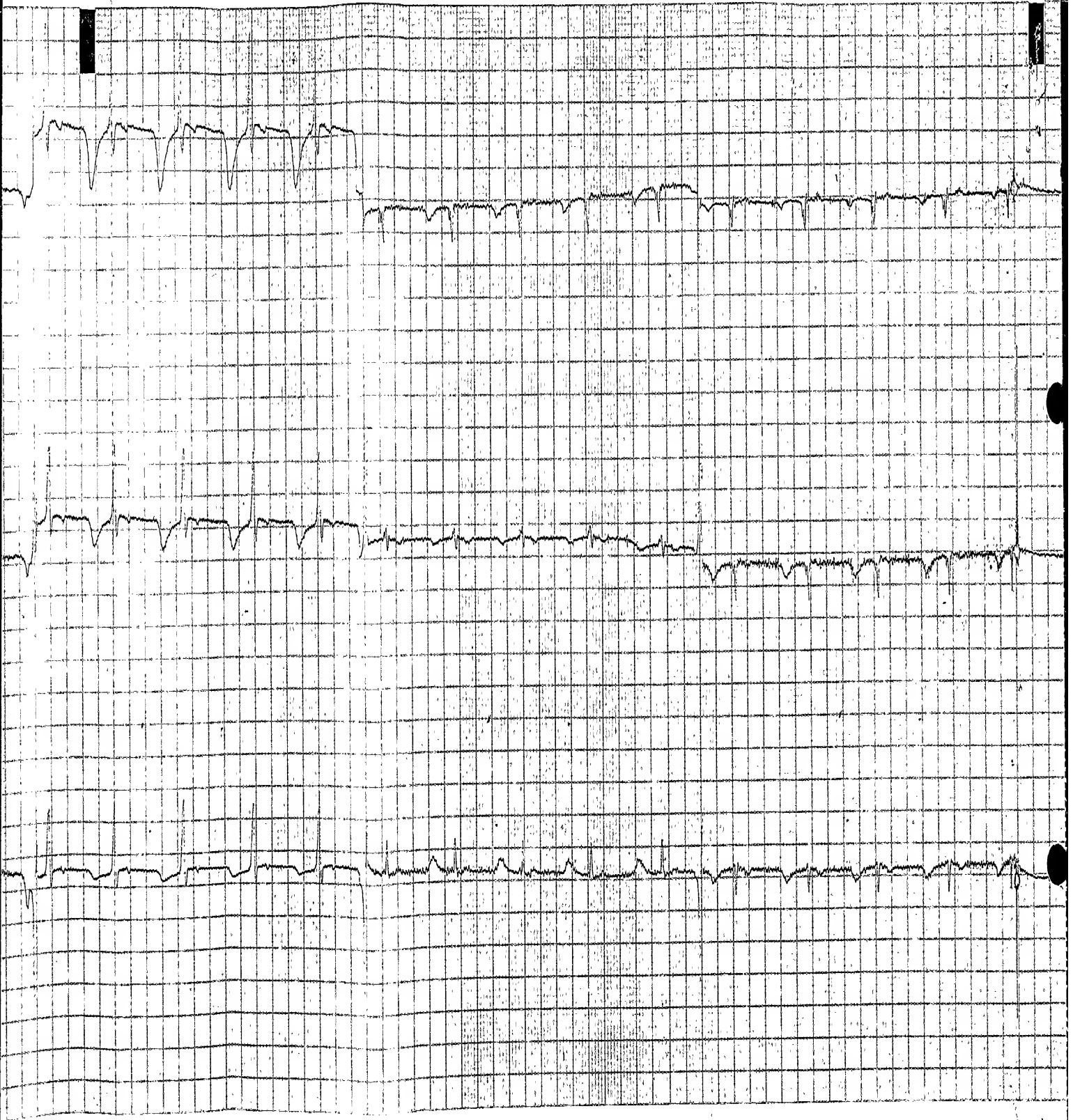
AXIS IN DEGREES P QRS T Q R S STO ST-T QRS-T
 -22 66 50 210 49 S 240 170 16

WRGH VERSION
 B1 03JUL1973

•
 •
 • NORMAL ECG
 •
 •

[Signature] M.D.





KUNKER
ROBERT G.
P.B.T.

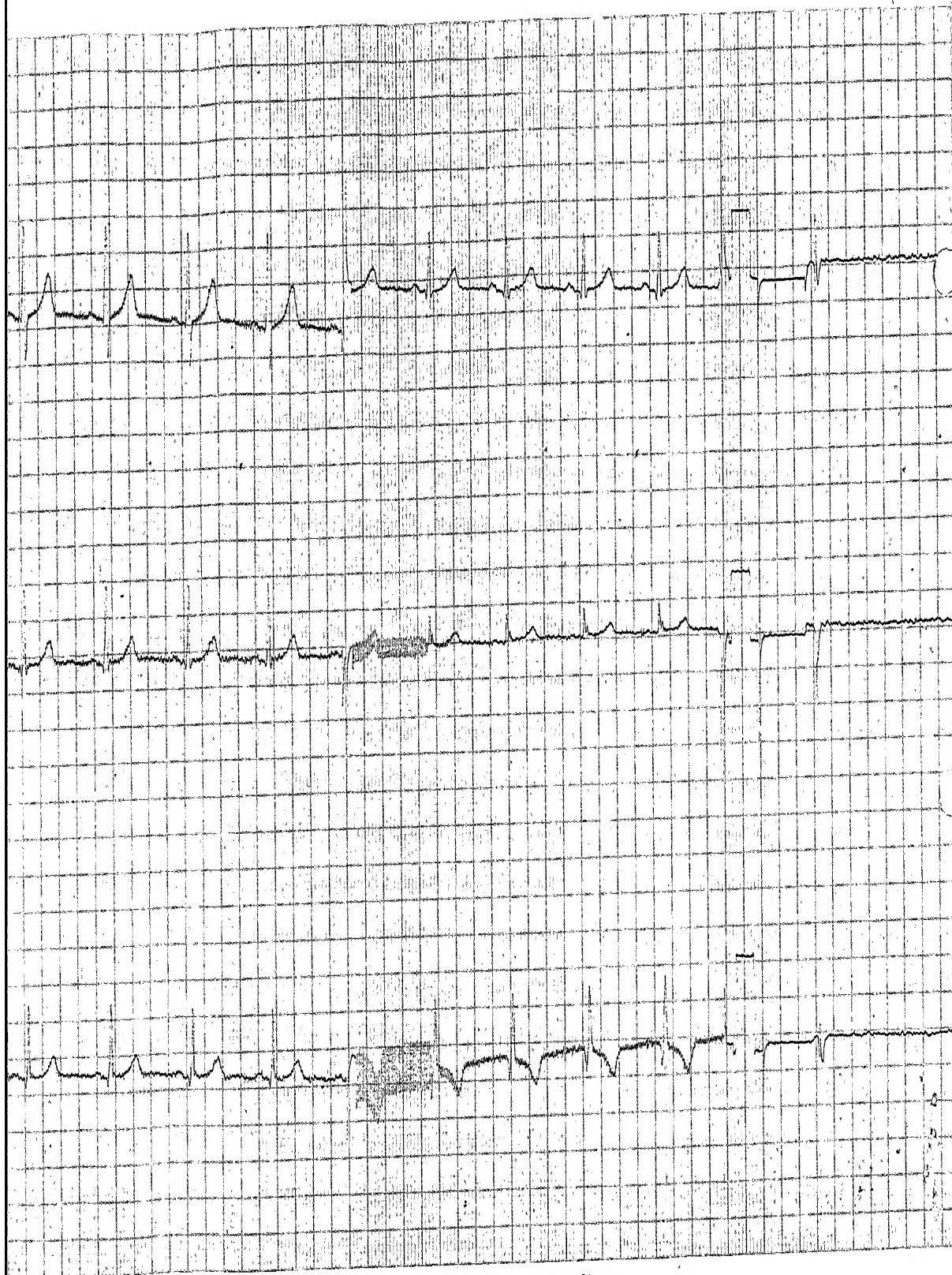
[illegible]

III	F	V ₃	V ₆	Z
II	L	V ₂	V ₅	Y
I	R	V ₁	V ₄	X

LEAD FORMAT A

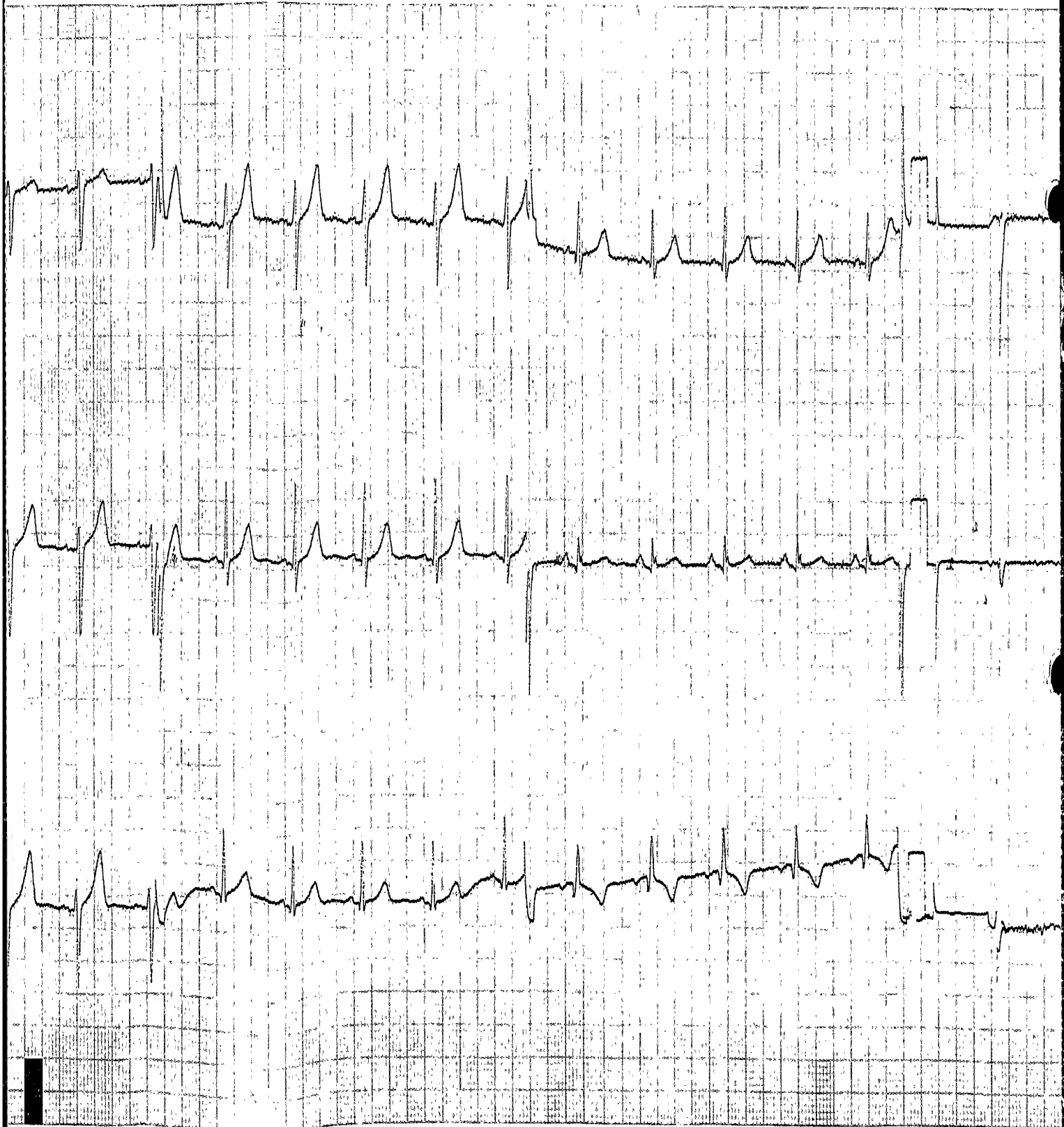
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III	F	V ₃	V ₅	Z

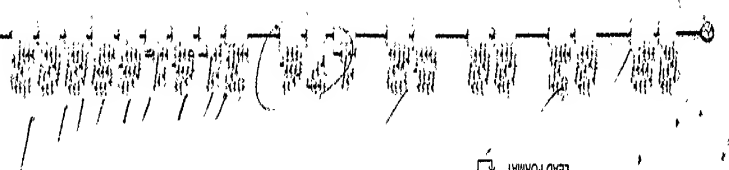
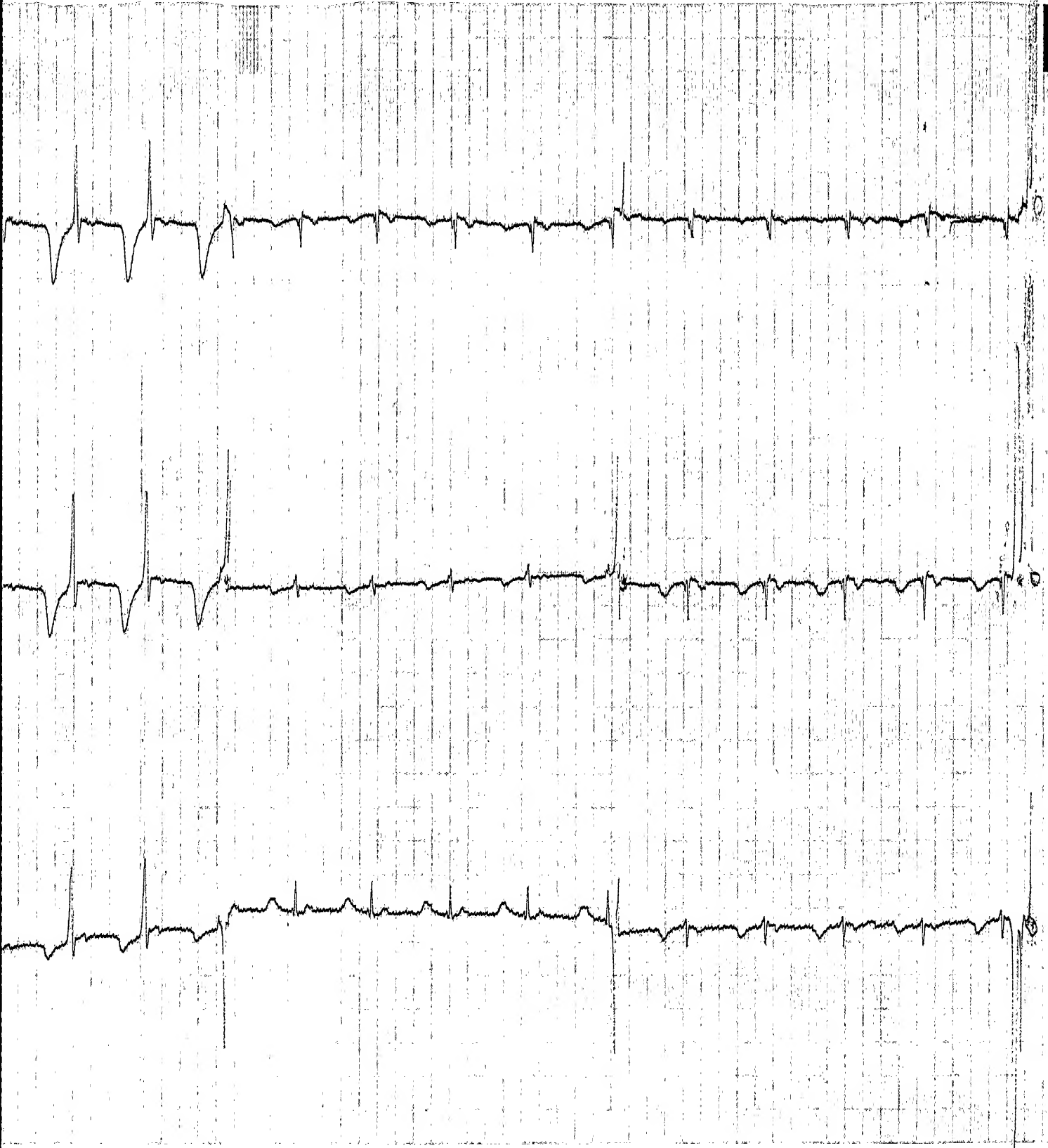
LEAD FORMAT



I	R	V ₁	V ₄	X
II	L	V ₂	V ₅	Y
III	F	V ₃	V ₆	Z
LEAD FORMAT				A

RUN REX
POBEM
FIBIT





LEAD FORMAT

1	R	V ₁	V ₄	X
2	L	V ₂	V ₅	Y
3	F	V ₃	V ₆	Z
4	A			

I	R	V ₁	V ₄	X
II	L	V ₂	V ₅	Y
III	F	V ₃	V ₆	Z
LEAD FORMAT A				

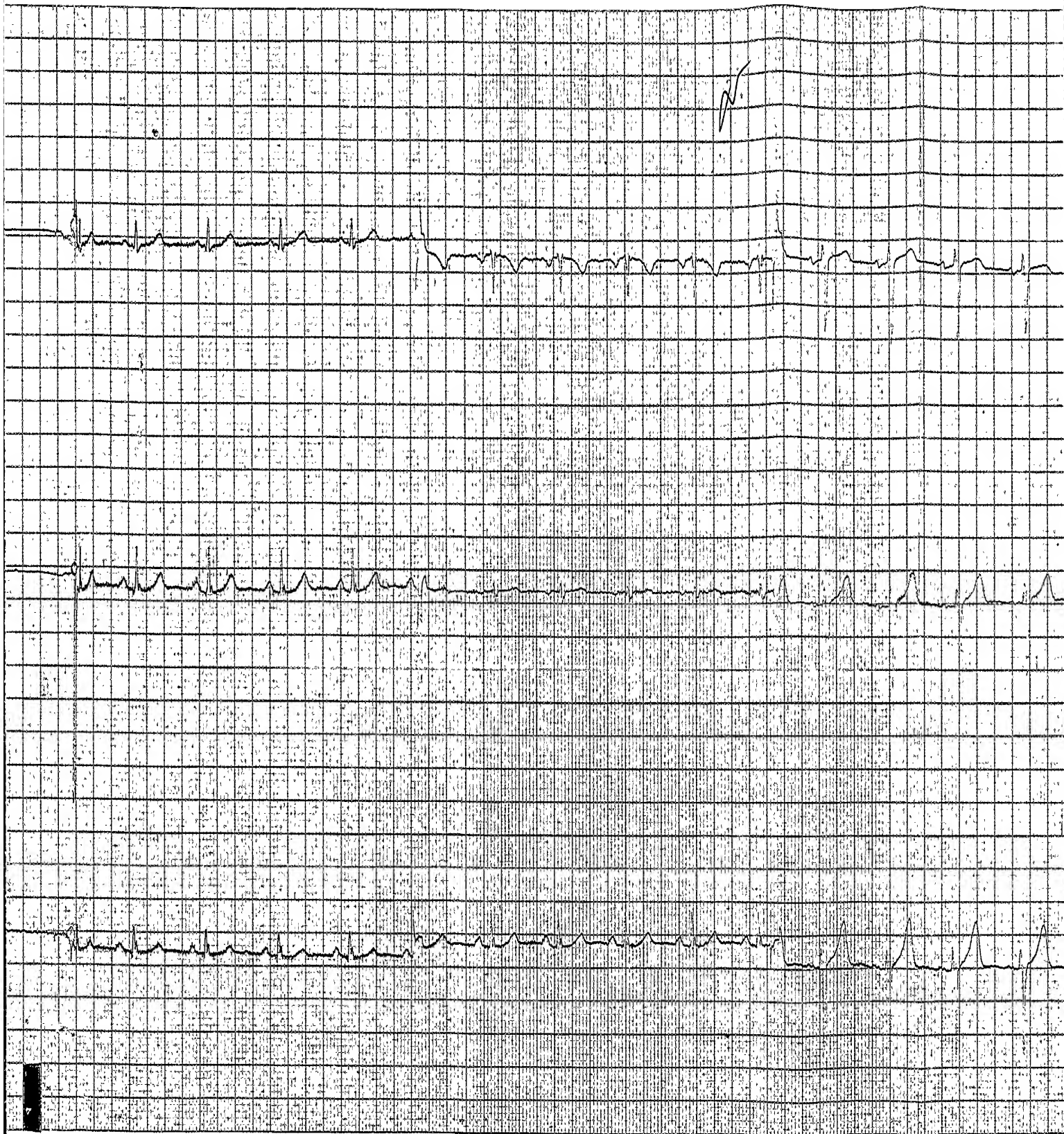
Kun Kel, Robert / JIW

Phy. Exam
(OVER)

8/14/75

5/4/5MM

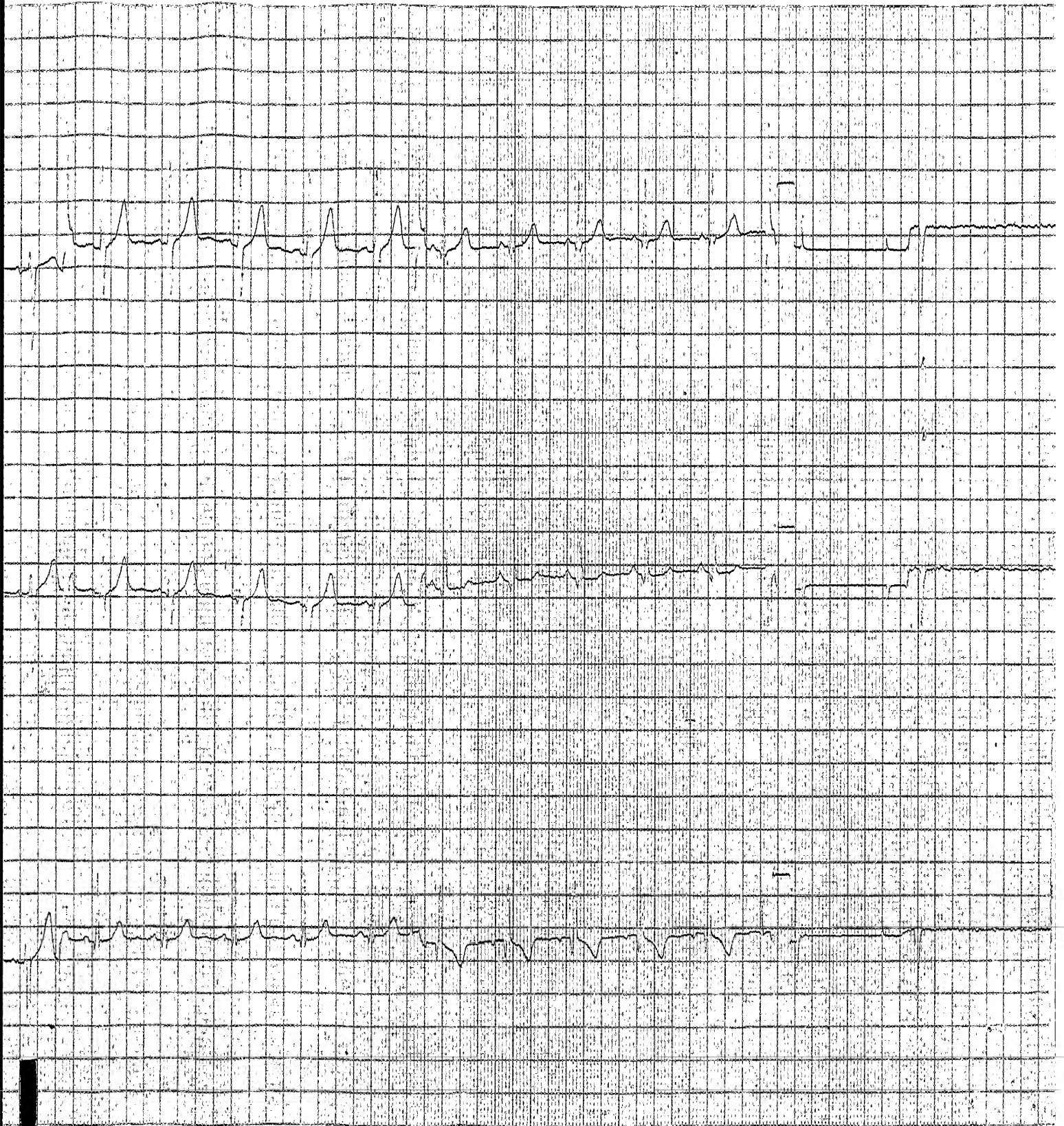
00 14 00 01 175 316 165003 1



I	R	V ₁	V ₄	X
II	L	V ₂	V ₅	Y
III	F	V ₃	V ₆	Z
LEAD FORMAT				

WNL

ang



MEDICAL SYSTEMS DEVELOPMENT LABORATORY - HEART DISEASE CONTROL PROGRAM
COMPUTER PROCESSED ELECTROCARDIOGRAM
WALTER REED ARMY INSTITUTE OF RESEARCH

NAME KUNKEL, ROBERT C.
PAT ID 00316169103 TAPE WRGH DATE 03SEP 76 WARDNO 007 SEQ. 30
52 YR S/R CODE 1 MALE 5 FT 9 IN 162 LBS REMARKS

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
PA	.04	.13	.07	-.07	-.03	.11	-.10	-.03	-.05	.00	.03	.07
PD	.10	.13	.12	.09	.06	.14	.08	.01	.02	.00	.02	.09
PPA	.00	.00	.00	.00	.00	.00	.00	.06	.03	.00	-.04	.00
PPD	.00	.00	.00	.00	.00	.00	.00	.10	.05	.00	.01	.00
Q/SA	.00	.00	-.09	.00	.00	-.04	.00	.00	.00	.00	-.05	-.07
Q/SD	.00	.00	.02	.00	.00	.02	.00	.00	.00	.00	.02	.02
RA	.30	.62	.39	.04	.15	.44	.23	.36	.34	.63	1.10	.89
RD	.03	.04	.06	.02	.03	.03	.03	.04	.03	.04	.03	.03
SA	-.13	-.05	.00	-.42	-.11	-.04	-1.13	-1.36	-1.27	-1.04	-.50	-.19
SD	.02	.01	.00	.02	.01	.02	.07	.05	.05	.04	.04	.03
RPA	.00	.04	.00	.10	.00	.00	.00	.00	.00	.00	.00	.00
RPD	.00	.02	.00	.02	.00	.00	.00	.00	.00	.00	.00	.00
STC	-.02	.06	.01	-.06	-.07	.07	.04	.01	.01	.04	.03	.02
STM	.04	.05	-.01	-.03	.02	.04	.08	.13	.13	.11	.07	.04
STE	.05	.05	.00	-.05	.02	.05	.09	.21	.21	.16	.10	.06
TA	.13	.22	.05	-.22	.11	.15	.24	.73	.95	.90	.58	.33
PR	.13	.17	.19	.16	.16	.17	.12	.21	.18	.00	.08	.12
QRS	.05	.07	.08	.06	.04	.07	.10	.09	.08	.08	.09	.08
QT	.39	.37	.41	.40	.35	.42	.40	.41	.40	.39	.41	.40
RATE	67	68	68	70	70	70	72	74	72	74	74	74
CODE	2	3	3	3	3	3	2	3	2	2	2	3
CAL	97	98	105	97	98	105	97	98	105	97	98	105
AXIS IN DEGREES	P 62	QRS 73	T 41	Q 62	R 172	S 120	ST-T 79	QRS-T 32				

WRGH VERSION
E2 31DEC1975

:
: NORMAL ECG
:

RA Cadigan, M.D.

316-16-9003

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH			SOC. SEC. NO.			AGENCY	PAYROLL OFFICE	LOCATION	PAYROLL OFFICE NO
			MO.	DAY	YR.							
			5	17	24	316	16	9003	Justice	FBI	Washington	15-02-0001
DO NOT USE												
2. KUNKEL ROBERT G.												
3.												
4.												
(RECORD EACH NAME CHANGE— STRIKE OUT PREVIOUS NAME)												

SERVICE HISTORY					FISCAL RECORD			
EFFECTIVE DATE	ACTION	BASE PAY	DO NOT USE	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	REMARKS
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)
5/1/69	Except. Appt.	21,757		GS 15	1969	936.01	936.01	Previous FBI
	BSI (Executive Order 11474 approved				1970	1,842.62	2,778.63	service: 6/2/64
6/15/69	effective 7/13/69)	23,749			1971	2,138.39	4,917.02	3/14/43 thru
					1972	2,474.06	7,391.08	4/30/66
	BSI (PL 91-231 approved 4/15/70 effective 12/28/69)	25,174			1973	2,517.64	9,908.72	
5-3-70	WGI	25,937			1974	2,530.34	12,438.96	includes back pay
8-1-70	PROMOTION	28,317		GS 16	7% 1975	193.88	12,632.84	under EO 11777
	BSI (Executive Order 11576 approved				7 1/2% 1975	2,622.30	15,255.14	
1/8/71	effective 1/10/71)	30,005			1976	2,840.62	18,115.76	
8-8-71	WGI	30,943			1977	3,449.04	21,564.80	
10-27-71	Promotion	33,631		GS 17				
1-9-72	BSI (EO 11637)	35,480						
	BSI (Executive Order 11691 approved							
2/15/72	effective 2/15/72)	36,000		EO 10/1/72 EO 11777				
	BSI (Executive Order 11739 approved							
10/3/73	effective 10/14/73	36,000						
	BSI (Executive Order 11811 approved							7 1/2% Ret. deduct
10-7-74	effective 10-13-74)	36,000						ions began 1-
	BSI (Executive Order 11883 approved							
10-6-75	effective 10-12-75)	37,800						
1-4-76	WGI	37,800						
	BSI (Executive Order 11941 approved							
10-1-77	effective 2-17-77	39,600						
EO 11941	approved 2-17-77							
eff. 2-27-77		47,500						

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) KUNKEL, ROBERT G.			2. LIST ALL OTHER NAMES YOU HAVE USED None		
3. ADDRESS (Including ZIP code) <div></div>			4. PHONE NUMBER (de) <div></div>	5. DATE OF BIRTH (Month) (Day) (Year) <div></div>	6. SOCIAL SECURITY ACCOUNT NUMBER <div></div>
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
WIFE'S OR HUSBAND'S NAME (First) (Middle) (Last) <div></div>			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
HER (OR HIS) BIRTH DATE (Month) (Day) (Year) <div></div>		HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER <div></div>	DATE OF MARRIAGE (Month) (Day) (Year) <div></div>		PLACE OF MARRIAGE (City) (State) <div></div>
			MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify) <div></div>		
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last) <div></div>		DATE OF BIRTH (Mo.) (Day) (Yr.) <div></div>		CHILD'S NAME (First) (Middle) (Last) <div></div>	
				DATE OF BIRTH (Mo.) (Day) (Yr.) <div></div>	

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE Federal Bureau of Investigation 300 North Lee Street, Room 500 Alexandria, Virginia 22313		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 5/31/79		3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 34 MILITARY 3	
		4. TITLE OF LAST POSITION SPECIAL AGENT IN CHARGE			
5. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER 3202878 ENROLLMENT CODE NUMBER 442	
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
Army Air Corps	35727915			Corporal	
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED. <div></div>

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER <div></div> FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year)	
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S) <div></div>	
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B	
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM <div></div>	

STANDARD FORM NO. 2801
U.S. CIVIL SERVICE COMMISSION

January 1970
FPM Supplement 831-1
2801-107

NOT RECORDED
4 JUN 27 1979

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

INITIALS

1. ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

§ ALL

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will not begin until your death.

INITIALS

2. ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

INITIALS

1. ANNUITY WITHOUT SURVIVOR BENEFIT

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

INITIALS

2. ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring unmarried employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will not begin until your death.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

3/26/79

(DATE)

(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

- ☐ INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.
- ☐ INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

John H. Skaggs

SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL

Official Title Authorized
Certifying Officer

DATE

6/22/79

TELEPHONE NUMBER, INCLUDING AREA CODE

202-324-2865

DEPARTMENT OR AGENCY

Federal Bureau of Investigation

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

June 22, 1979

TO WHOM IT MAY CONCERN:

This is to certify that Robert G. Kunkel entered on duty as a clerk of this Bureau on June 29, 1942, and was appointed Special Agent on July 11, 1949. He served in that capacity through January 4, 1964. On January 5, 1964, he was appointed Supervisory Special Agent, and served continuously in that capacity through May 31, 1979. During his service with this Bureau, Mr. Kunkel participated in and supervised the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (c) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,

b6
b7C


Authorized Certifying Officer

112
67-NOT RECORDED
3 JUN 27 1979

3/3

✓

MEDICAL REPORTS

Personnel File of

KUNKEL, ROBERT G.

Personnel File No.

CD
5-31-79
7



3/MP

67-NOT RECORDED
2 JUN 1 1979

MEDICAL SYSTEMS DEVELOPMENT LABORATORY - HEART DISEASE CONTROL PROGRAM
COMPUTER PROCESSED ELECTROCARDIOGRAPH
WALTER REED ARMY INSTITUTE OF RESEARCH



NAME KUNKEL, ROBERT C
PAT ID 20316169D03 TAPE WRGH DATE 22MAR 79 WARDNO 097 SEQ. 21
54 YR S/R CODE 1 MALE 5 FT 8 1/2 IN 175 LBS REMARKS

	I	II	III	AVR	AVL	AVF	V1	V2	V3	V4	V5	V6
PA	.00	.14	.06	-.07	.00	.11	.05	.00	.07	.07	.06	.07
PD	.00	.11	.06	.08	.00	.09	.04	.00	.11	.11	.08	.07
PPA	.00	.00	.00	.00	.00	.00	.03	.00	.00	.00	.00	.00
PPD	.00	.00	.00	.00	.00	.00	.03	.00	.00	.00	.00	.00
Q/SA	.00	.24	.47	.00	.00	.35	.00	.00	.00	.07	.14	.16
Q/SD	.00	.03	.04	.00	.00	.04	.00	.00	.00	.02	.02	.03
RA	.36	.47	.20	.10	.29	.25	.22	.34	.49	1.22	1.01	.72
RD	.04	.03	.04	.03	.04	.05	.03	.03	.04	.03	.03	.04
SA	.18	.00	.00	.33	.20	.00	.72	.98	.86	.45	.19	.00
SD	.03	.00	.00	.03	.03	.00	.06	.07	.04	.04	.04	.00
STO	.02	.05	.03	.02	.05	.02	.03	.07	.02	.01	.01	.02
STM	.01	.02	.02	.00	.02	.01	.03	.07	.02	.01	.00	.00
STE	.01	.01	.01	.00	.02	.03	.04	.12	.07	.02	.00	.01
TA	.19	.08	.14	.11	.13	.06	.12	.52	.52	.30	.21	.11
PR	.00	.14	.14	.14	.00	.14	.14	.00	.15	.15	.14	.12
QRS	.07	.06	.08	.06	.07	.09	.09	.10	.08	.09	.09	.07
QT	.38	.40	.35	.37	.38	.42	.36	.39	.38	.41	.39	.40
RATE	75	75	71	72	72	72	73	73	72	77	77	75
CODE	40E	40E	2	3	3	3	2	2	2	3	3	4
CAL	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*	100*

AXIS IN P QRS T Q R S STO ST-T QRS-T
DEGREES 82 -3 -9 -60 44 66 75 6

WRGH VERSION
E2 31DEC1975

9999 RECORD NOT STANDARDIZED 1 CM CALIBRATION ASSUMED

2413 ATYPICAL QRS OR ARTIFACTS EXCLUDE PREMATURE CONTRACTIONS

5532 ABNORMAL Q OR QS CONSISTENT WITH OLD INFARCT -
2 LEADS 2, 3, AVF DIAPHRAGMATIC

8311 QRS NEGATIVE IN AVF EXCLUDE L.A.D.

ABNORMAL ECG

Truett

*See 88
form #29
HX MI
1977*

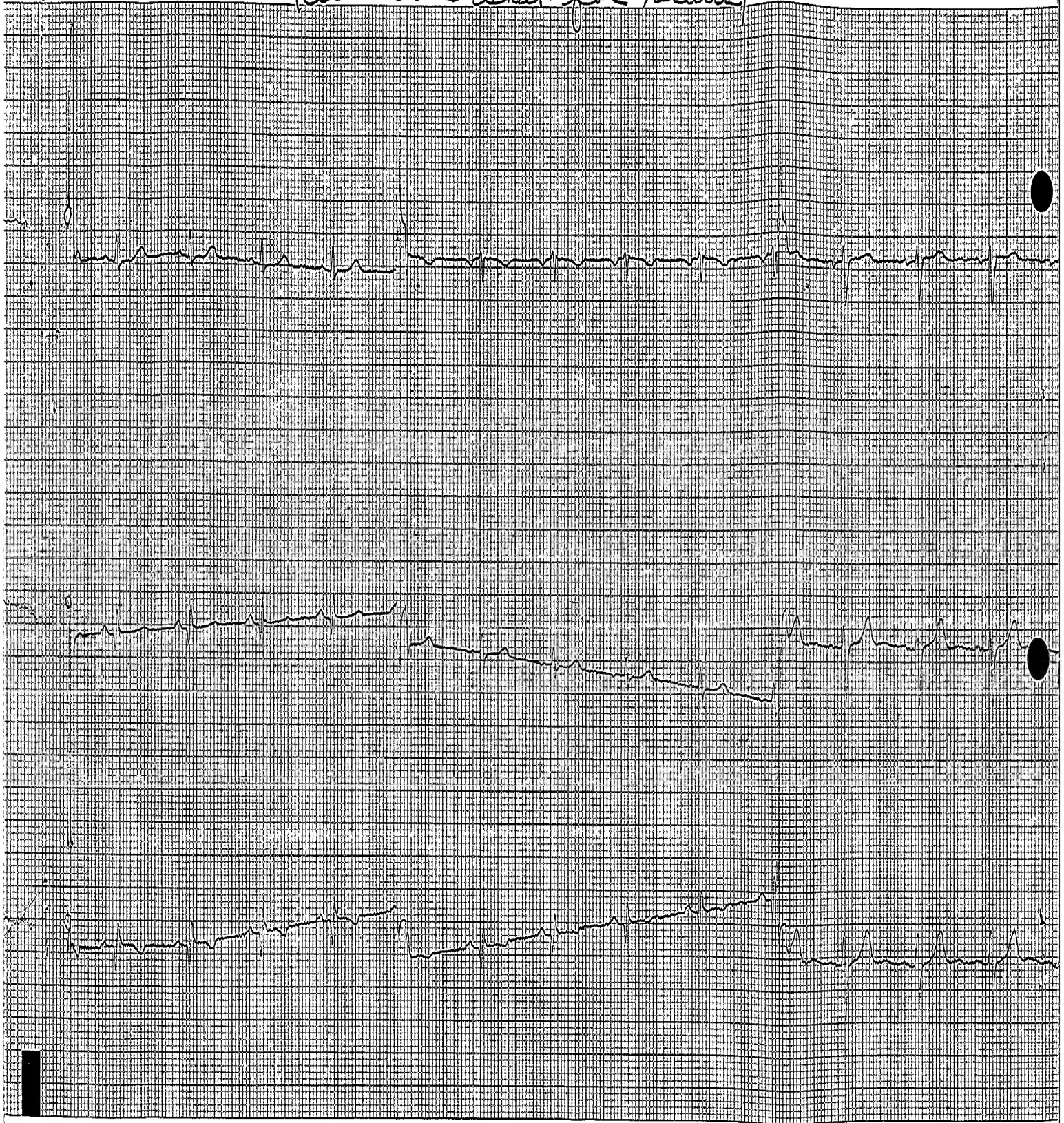
I	R	V ₁	V ₄	X
II	L	V ₂	V ₅	Y
III	F	V ₃	V ₆	Z
LEAD FORMAT				A

KUNKEL, ROBERT Q.
F.B.I.

13 22 30 34 179 310 109003 00

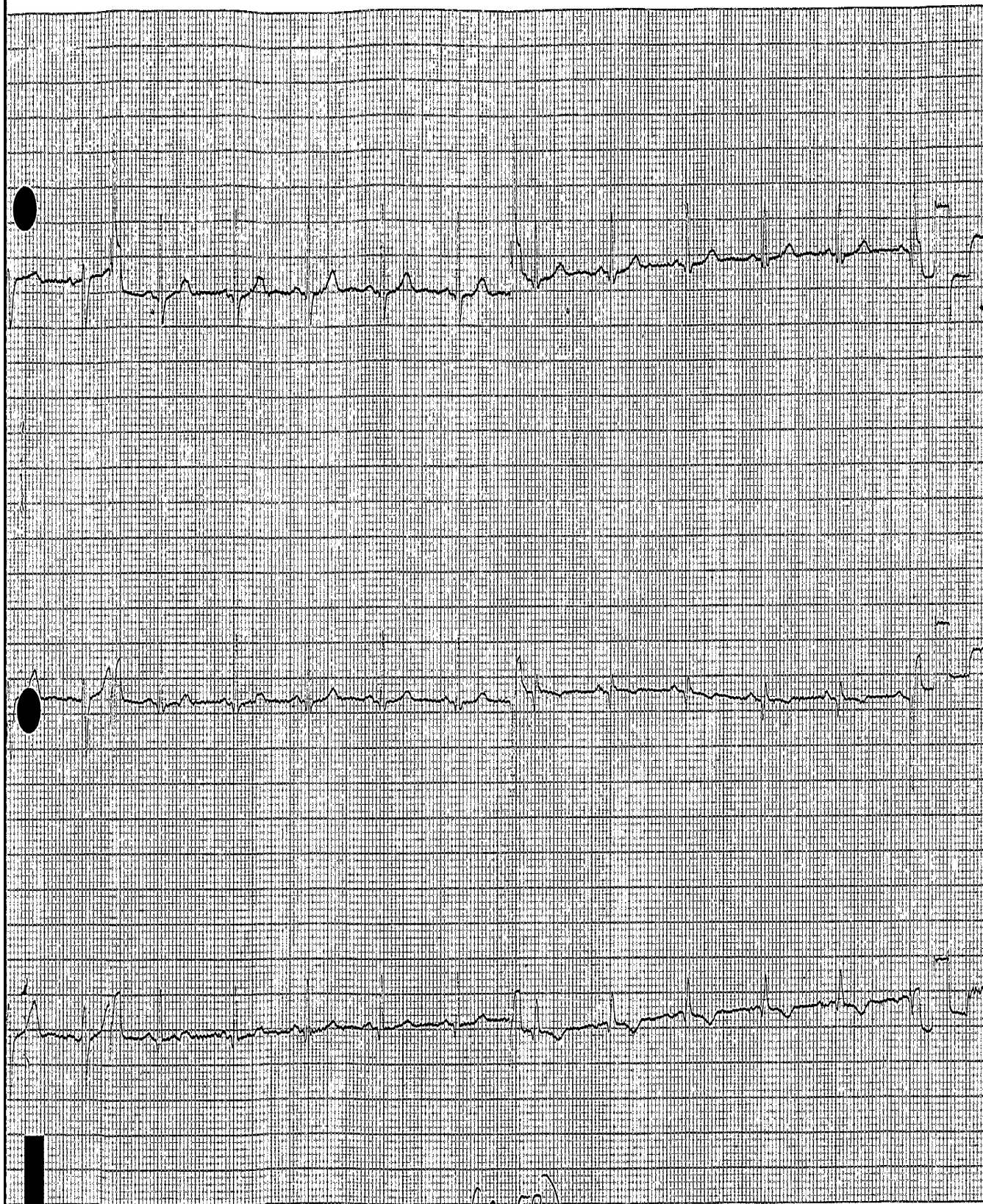
HX mT
19 23

(see cover sheet for results) JBF

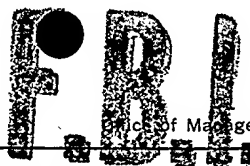


I	R	V ₁	V ₄	X
II	L	V ₂	V ₅	Y
III	F	V ₃	V ₆	Z
LEAD FORMAT				

(OVER)



(OVER)



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT G.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 316-16-9003 b6 b7C
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		4. POSITION (Title, grade, component) SPECIAL AGENT IN CHARGE
5. PURPOSE OF EXAMINATION Annual PE	6. DATE OF EXAMINATION 3/8/79	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Walter Reed General Hospital Ga. Ave. & 16th, N.W., WDC

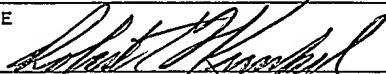
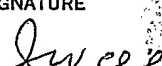
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness

13. WHAT IS YOUR USUAL OCCUPATION? <i>Administrator</i>	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons (If yes, give reasons.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Have you ever been denied life insurance? (If yes, state reason and give details.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)		
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>				
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE		
Robert G. Kunkel				
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)				
<p>#8 noted. no real infants today current health good hasn't been employed since last PE 93(11 20 24) rev</p>				
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
J. I. WOLLMAN, M.D.		28 MAR 1979		

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

RUNKEL, ROBERT E.

REGISTER NO.

Phy Exam, DHC, WRGR

WARD NO.

AGE

SEX

(Check one)

52M

☐ BEDSIDE, WHEELCHAIR
OR STRETCHER

☐ BED
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

Chest

F.B.I. CIV

SOCIAL SECURITY NO. 316-16-9003

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual Re.

FILM NO.

75

DATE OF REQUEST

3 Sept. 76

REQUESTED BY

JOSEPH I. WOLLMAN, M.D.

RADIOGRAPHIC REPORT

CHEST: This examination is compared with one performed on 14 Aug. 75. Again identified is kyphosis of the thoracic spine with anterior wedging of a mid thoracic vertebral body, unchanged from the earlier examination. The remainder of the examination is negative and also unchanged from Aug. 75.

D. DEMCHUK, MAJ, MC

fs

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

W. R. A. M. C.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-207

FBI

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>KUNKEL, ROBERT G.</u>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <u>316-16-9003</u> b6	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		4. POSITION (City, grade, component) b7C <u>Special Agent in Charge, GS-17</u>	
5. PURPOSE OF EXAMINATION <u>Annual</u>	6. DATE OF EXAMINATION <u>9/8/77</u>	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <u>WRMAC</u>	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent - None

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		<input checked="" type="checkbox"/>	Scarlet fever, erysipelas			<input checked="" type="checkbox"/>	Cramps in your legs			<input checked="" type="checkbox"/>	"Trick" or locked knee
		<input checked="" type="checkbox"/>	Rheumatic fever			<input checked="" type="checkbox"/>	Frequent indigestion			<input checked="" type="checkbox"/>	Foot trouble
	<input checked="" type="checkbox"/>		Swollen or painful joints			<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble			<input checked="" type="checkbox"/>	Neuritis
	<input checked="" type="checkbox"/>		Frequent or severe headache			<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones			<input checked="" type="checkbox"/>	Paralysis (include infantile)
	<input checked="" type="checkbox"/>		Dizziness or fainting spells			<input checked="" type="checkbox"/>	Jaundice or hepatitis			<input checked="" type="checkbox"/>	Epilepsy or fits
	<input checked="" type="checkbox"/>		Eye trouble			<input checked="" type="checkbox"/>	Adverse reaction to serum, drug, or medicine			<input checked="" type="checkbox"/>	Car, train, sea or air sickness
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble			<input checked="" type="checkbox"/>	Broken bones			<input checked="" type="checkbox"/>	Frequent trouble sleeping
	<input checked="" type="checkbox"/>		Hearing loss			<input checked="" type="checkbox"/>	Tumor, growth, cyst, cancer			<input checked="" type="checkbox"/>	Depression or excessive worry
	<input checked="" type="checkbox"/>		Chronic or frequent colds			<input checked="" type="checkbox"/>	Rupture/hernia			<input checked="" type="checkbox"/>	Loss of memory or amnesia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble			<input checked="" type="checkbox"/>	Piles or rectal disease			<input checked="" type="checkbox"/>	Nervous trouble of any sort
	<input checked="" type="checkbox"/>		Sinusitis			<input checked="" type="checkbox"/>	Frequent or painful urination				Periods of unconsciousness
	<input checked="" type="checkbox"/>		Hay Fever			<input checked="" type="checkbox"/>	Bed wetting since age 12				
	<input checked="" type="checkbox"/>		Head injury			<input checked="" type="checkbox"/>	Kidney stone or blood in urine				
	<input checked="" type="checkbox"/>		Skin diseases			<input checked="" type="checkbox"/>	Sugar or albumin in urine				
	<input checked="" type="checkbox"/>		Thyroid trouble			<input checked="" type="checkbox"/>	VD—Syphilis, gonorrhea, etc.				
	<input checked="" type="checkbox"/>		Tuberculosis			<input checked="" type="checkbox"/>	Recent gain or loss of weight				
	<input checked="" type="checkbox"/>		Asthma			<input checked="" type="checkbox"/>	Arthritis, Rheumatism, or Bursitis				
	<input checked="" type="checkbox"/>		Shortness of breath			<input checked="" type="checkbox"/>	Bone, joint or other deformity				
	<input checked="" type="checkbox"/>		Pain or pressure in chest			<input checked="" type="checkbox"/>	Lameness				
	<input checked="" type="checkbox"/>		Chronic cough			<input checked="" type="checkbox"/>	Loss of finger or toe				
	<input checked="" type="checkbox"/>		Palpitation or pounding heart			<input checked="" type="checkbox"/>	Painful or "trick" shoulder or elbow				
	<input checked="" type="checkbox"/>		Heart trouble			<input checked="" type="checkbox"/>	Recurrent back pain				
	<input checked="" type="checkbox"/>		High or low blood pressure			<input checked="" type="checkbox"/>					

13. WHAT IS YOUR USUAL OCCUPATION? <u>Administrator</u>		14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	
--	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
X		
		B. Inability to perform certain motions.
X		
		C. Inability to assume certain positions.
X		
		D. Other medical reasons (If yes, give reasons.)
X		
		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
X		
		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
X		
		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
X		
		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
X		
		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
X		
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
X		
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
X		
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
X		
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
X		

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

ROBERT G. KUNKEL

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*#8 noted no real defects nor
current heart and
on undrugged since last PE
93(111624) rev*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

J. I. WOLLMAN, M.D.

DATE

8 SEP 1977

SIGNATURE

J. I. Wollman

NUMBER OF ATTACHED SHEETS

FBI

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT G.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 316-16-9003 b6 b7C	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		4. POSITION (title, grade, component) Special Agent in Charge, GS-17	
5. PURPOSE OF EXAMINATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. DATE OF EXAMINATION 3/9/78	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) WRMAC	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

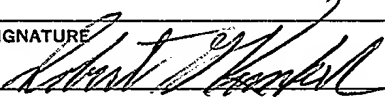

Excellent - None

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		<input checked="" type="checkbox"/>	Scarlet fever, erysipelas			<input checked="" type="checkbox"/>	Cramps in your legs			<input checked="" type="checkbox"/>	"Trick" or locked knee
		<input checked="" type="checkbox"/>	Rheumatic fever			<input checked="" type="checkbox"/>	Frequent indigestion			<input checked="" type="checkbox"/>	Foot trouble
		<input checked="" type="checkbox"/>	Swollen or painful joints			<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble			<input checked="" type="checkbox"/>	Neuritis
		<input checked="" type="checkbox"/>	Frequent or severe headache			<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones			<input checked="" type="checkbox"/>	Paralysis (include infantile)
		<input checked="" type="checkbox"/>	Dizziness or fainting spells			<input checked="" type="checkbox"/>	Jaundice or hepatitis			<input checked="" type="checkbox"/>	Epilepsy or fits
		<input checked="" type="checkbox"/>	Eye trouble			<input checked="" type="checkbox"/>	Adverse reaction to serum, drug, or medicine			<input checked="" type="checkbox"/>	Car, train, sea or air sickness
		<input checked="" type="checkbox"/>	Ear, nose, or throat trouble			<input checked="" type="checkbox"/>	Broken bones			<input checked="" type="checkbox"/>	Frequent trouble sleeping
		<input checked="" type="checkbox"/>	Hearing loss			<input checked="" type="checkbox"/>	Tumor, growth, cyst, cancer			<input checked="" type="checkbox"/>	Depression or excessive worry
		<input checked="" type="checkbox"/>	Chronic or frequent colds			<input checked="" type="checkbox"/>	Rupture/hernia			<input checked="" type="checkbox"/>	Loss of memory or amnesia
		<input checked="" type="checkbox"/>	Severe tooth or gum trouble			<input checked="" type="checkbox"/>	Piles or rectal disease			<input checked="" type="checkbox"/>	Nervous trouble of any sort
		<input checked="" type="checkbox"/>	Sinusitis			<input checked="" type="checkbox"/>	Frequent or painful urination			<input checked="" type="checkbox"/>	Periods of unconsciousness
		<input checked="" type="checkbox"/>	Hay Fever			<input checked="" type="checkbox"/>	Bed wetting since age 12			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Head injury			<input checked="" type="checkbox"/>	Kidney stone or blood in urine			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Skin diseases			<input checked="" type="checkbox"/>	Sugar or albumin in urine			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Thyroid trouble			<input checked="" type="checkbox"/>	VD—Syphilis, gonorrhea, etc.			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Tuberculosis			<input checked="" type="checkbox"/>	Recent gain or loss of weight			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Asthma			<input checked="" type="checkbox"/>	Arthritis, Rheumatism, or Bursitis			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Shortness of breath			<input checked="" type="checkbox"/>	Bone, joint or other deformity			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Pain or pressure in chest			<input checked="" type="checkbox"/>	Lameness			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Chronic cough			<input checked="" type="checkbox"/>	Loss of finger or toe			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Palpitation or pounding heart			<input checked="" type="checkbox"/>	Painful or "trick" shoulder or elbow			<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			Heart trouble			<input checked="" type="checkbox"/>	Recurrent back pain			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	High or low blood pressure			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

12. FEMALES ONLY: HAVE YOU EVER		
		Been treated for a female disorder
		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? Administrator	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	X	B. Inability to perform certain motions.
	X	C. Inability to assume certain positions.
	X	D. Other medical reasons (If yes, give reasons.)
	X	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
	X	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	X	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
X		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	X	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
<p>Fairfax Hospital 3300 Gallows Road Falls Church, Virginia 22046 12/10/77 - 12/24/77 Heart - Attack</p> <p>Dr. Kolia (Cardiologist) Falls Church, Va.</p>		
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>		
<p>TYPED OR PRINTED NAME OF EXAMINEE ROBERT G. KUNKEL</p>		<p>SIGNATURE </p>
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p> <p style="font-size: 1.2em; margin-top: 20px;">#8 noted - no real defects - but since last PE had a "heart attack" - under the care of Dr. Kolia - Full recovery & rec. for full duty (see 21 also 93/11/74) now</p>		
<p>TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER J. I. WOLLMAN, M.D.</p>		<p>DATE 9 MAR 1978</p>
<p>SIGNATURE </p>		<p>NUMBER OF ATTACHED SHEETS 1</p>



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kunkel, Robert G.</i>			2. SOCIAL SECURITY OR IDENTIFICATION NO. <i>316-16-9003</i>				
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)			4. POSITION (Title, grade, component) <i>SAC, GS-17</i>				
5. PURPOSE OF EXAMINATION <i>Annual</i>		6. DATE OF EXAMINATION <i>8/14/75</i>		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <i>WRAN</i>			
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <i>Excellent - None</i>							
9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)				
YES	NO	(Check each item)	YES	NO	(Check each item)		
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis		<input checked="" type="checkbox"/>	Wear glasses or contact lenses		
	<input checked="" type="checkbox"/>	Coughed up blood		<input checked="" type="checkbox"/>	Have vision in both eyes		
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid		
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually		
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support		
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		<input checked="" type="checkbox"/>	Scarlet fever, erysipelas			<input checked="" type="checkbox"/>	Cramps in your legs
		<input checked="" type="checkbox"/>	Rheumatic fever			<input checked="" type="checkbox"/>	Frequent indigestion
	<input checked="" type="checkbox"/>		Swollen or painful joints			<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble
	<input checked="" type="checkbox"/>		Frequent or severe headache			<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones
	<input checked="" type="checkbox"/>		Dizziness or fainting spells			<input checked="" type="checkbox"/>	Jaundice or hepatitis
	<input checked="" type="checkbox"/>		Eye trouble			<input checked="" type="checkbox"/>	Adverse reaction to serum, drug, or medicine
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble			<input checked="" type="checkbox"/>	Broken bones
	<input checked="" type="checkbox"/>		Hearing loss			<input checked="" type="checkbox"/>	Tumor, growth, cyst, cancer
	<input checked="" type="checkbox"/>		Chronic or frequent colds			<input checked="" type="checkbox"/>	Rupture/hernia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble			<input checked="" type="checkbox"/>	Piles or rectal disease
	<input checked="" type="checkbox"/>		Sinusitis			<input checked="" type="checkbox"/>	Frequent or painful urination
	<input checked="" type="checkbox"/>		Hay Fever				Bed wetting since age 12
	<input checked="" type="checkbox"/>		Head injury				Kidney stone or blood in urine
	<input checked="" type="checkbox"/>		Skin diseases				Sugar or albumin in urine
	<input checked="" type="checkbox"/>		Thyroid trouble				VD—Syphilis, gonorrhea, etc.
	<input checked="" type="checkbox"/>		Tuberculosis				Recent gain or loss of weight
	<input checked="" type="checkbox"/>		Asthma				Arthritis, Rheumatism, or Bursitis
	<input checked="" type="checkbox"/>		Shortness of breath				Bone, joint or other deformity
	<input checked="" type="checkbox"/>		Pain or pressure in chest				Lameness
	<input checked="" type="checkbox"/>		Chronic cough				Loss of finger or toe
	<input checked="" type="checkbox"/>		Palpitation or pounding heart				Painful or "trick" shoulder or elbow
	<input checked="" type="checkbox"/>		Heart trouble				Recurrent back pain
	<input checked="" type="checkbox"/>		High or low blood pressure				
13. WHAT IS YOUR USUAL OCCUPATION?				14. ARE YOU (Check one)			
				<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed			

Do Not Transmit Enclosed Material
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
<input checked="" type="checkbox"/>		B. Inability to perform certain motions.
<input checked="" type="checkbox"/>		C. Inability to assume certain positions.
<input checked="" type="checkbox"/>		D. Other medical reasons (If yes, give reasons.)
<input checked="" type="checkbox"/>		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
<input checked="" type="checkbox"/>		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
<input checked="" type="checkbox"/>		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
<input checked="" type="checkbox"/>		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
<input checked="" type="checkbox"/>		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
<input checked="" type="checkbox"/>		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
<input checked="" type="checkbox"/>		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
 I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE <i>Robert G. Kunkel</i>	SIGNATURE <i>Robert G. Kunkel</i>
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*# stated no real concerns to p
 current health good &
 undelayed back last PE
 93 (114024) sensor rep*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER JOSEPH I. WOLTMAN M.D.	DATE 14 AUG 1975	SIGNATURE <i>Joe</i>	NUMBER OF ATTACHED SHEETS
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F.B.I.

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kunkol, Robert G</i>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <i>316-11-9003</i>
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		4. POSITION (Title, grade, component) <i>SAC, G-517</i> b6 b7C
5. PURPOSE OF EXAMINATION <i>Annual</i>	6. DATE OF EXAMINATION <i>8/9/84</i>	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent - None

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

13. WHAT IS YOUR USUAL OCCUPATION? <i>SAC</i>	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
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Do Not Transmit Enclosed Material
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
<input checked="" type="checkbox"/>		B. Inability to perform certain motions.
<input checked="" type="checkbox"/>		C. Inability to assume certain positions.
<input checked="" type="checkbox"/>		D. Other medical reasons (If yes, give reasons.)
<input checked="" type="checkbox"/>		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
<input checked="" type="checkbox"/>		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
<input checked="" type="checkbox"/>		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
<input checked="" type="checkbox"/>		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
<input checked="" type="checkbox"/>		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
<input checked="" type="checkbox"/>		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
<input checked="" type="checkbox"/>		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

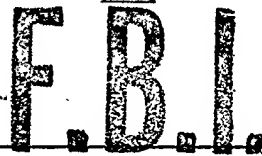
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE <i>Robert G. Kunkel</i>	SIGNATURE <i>Robert G. Kunkel</i>
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*# Stated no real defects today current health good
93(11024) new lens ref*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER JOSEPH I. WOLLMAN M.D.	DATE 9 AUG 1974	SIGNATURE <i>Joe</i>	NUMBER OF ATTACHED SHEETS
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REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME KUNKEL, ROBERT G.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 316-16-9003	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)		4. POSITION (Title, grade, component) Special Agent In Charge, GS-17	
5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 9/3/76	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) WRam	
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Excellent - None			

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		<input checked="" type="checkbox"/>	Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs		<input checked="" type="checkbox"/>		"Trick" or locked knee
		<input checked="" type="checkbox"/>	Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion		<input checked="" type="checkbox"/>		Foot trouble
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble		<input checked="" type="checkbox"/>		Neuritis
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones		<input checked="" type="checkbox"/>		Paralysis (include infantile)
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis		<input checked="" type="checkbox"/>		Epilepsy or fits
	<input checked="" type="checkbox"/>		Eye trouble				Adverse reaction to serum, drug, or medicine		<input checked="" type="checkbox"/>		Car, train, sea or air sickness
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones		<input checked="" type="checkbox"/>		Frequent trouble sleeping
	<input checked="" type="checkbox"/>		Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer		<input checked="" type="checkbox"/>		Depression or excessive worry
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia		<input checked="" type="checkbox"/>		Loss of memory or amnesia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease		<input checked="" type="checkbox"/>		Nervous trouble of any sort
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination		<input checked="" type="checkbox"/>		Periods of unconsciousness
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12				
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine				
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine				
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.				
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight				
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis				
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity				
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness				
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe				
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow				
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain				
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>						

13. WHAT IS YOUR USUAL OCCUPATION?	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
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Do Not Transmit Enclosed Material
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
X		
		B. Inability to perform certain motions.
X		
		C. Inability to assume certain positions.
X		
		D. Other medical reasons (If yes, give reasons.)
X		
		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
X		
		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
X		
		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
X		
		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
X		
		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
X		
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
X		
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
X		
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
X		
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
X		

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE
ROBERT G. KUNKEL

SIGNATURE

Robert G. Kunkel

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

#8 haled - no real ephants today
Current health good & less involved
Since last PE
93/1140 24) rev

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
JOSEPH I. WOLLMAN M.D.

DATE

3 SEP 1976

SIGNATURE

Joseph I. Wollman

NUMBER OF ATTACHED SHEETS

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

1. NAME (CAPS) LAST-FIRST-MIDDLE VINCENT ROBERT G		MR. - MISS - MRS. MR		2. (FOR AGENCY USE)		3. BIRTH DATE 05-17-20		4. SOCIAL SECURITY NO. 316-16-0083	
5. VETERAN PREFERENCE 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP 1		7. SERVICE COMP. DATE 06-20-80		8. (FOR CSC USE)	
9. FEGLI 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE					
12. CODE NATURE OF ACTION 300 RETIREMENT - MANDATORY				13. EFFECTIVE DATE CB 05-31-79		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER SUPERVISORY SPECIAL AGENT (SAC) 125				16. PAY PLAN AND OCCUPATION CODE GS SERIES 1211		17. GRADE OR LEVEL 17		18. SALARY \$47500 PA	
19. NAME AND LOCATION OF EMPLOYING OFFICE									
20. TO: POSITION TITLE AND NUMBER				21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL (a) OR (b) OR RATE		23. SALARY	
24. NAME AND LOCATION OF EMPLOYING OFFICE									
25. DUTY STATION (City-county-State)								26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-EXCEPTED SERVICE 2		29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2			
30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. C DURING PROBATION									
BASIS FOR THIS POSITION IS TITLE 5, USC, SECTION 5108(C)(2). RETIRED IN VIEW OF SECTION 8335, 5 USC OF CIVIL SERVICE RETIREMENT ACT P. QUANT TO PUBLIC LAW 93-350 APPROVED 7-12-74. ANNUITY PAYMENTS TO COMMENCE 6-1-79. Paid hereon for the period covering 5-20-79 thru cb 5-31-79. Lump-sum payment to cover 383 hours commencing bob 6-1-79 and ending after 7 hours on 6-7-79. (Includes 1 holiday and 71 hours restored leave) 18 JUL 13 1979 CRT RESIGN									
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)				34. SIGNATURE (Or other authentication) AND TITLE William H. Webster					
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)				35. DATE					
33. CODE EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535									

4. PERSONNEL FOLDER/COPY

[Faint, illegible handwritten text]

JUN 12 1979

STANDARD FORM 56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-11 56-109		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle) KUNKEL, ROBERT G. (MR.)		2(a). DATE OF BIRTH (Month, Day, Year) 5-17-24	2(b). SOCIAL SECURITY ACCOUNT NUMBER 316 16 9003
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify) _____ NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 5-31-79	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$ 47,500 PER ANNUM	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T) 2-21-68	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
Personal signature of authorized agency official <i>[Signature]</i>		Name and address of employing agency FEDERAL BUREAU OF INVESTIGATION J. EDGAR HOOVER BUILDING 10th STREET & PENNSYLVANIA AVE. N.W. WASHINGTON, D. C. 20535	
Typed name of authorized agency official [Redacted]		b6 b7C	
Title Supervisory Personnel Assistant		Phone number, including area code 202-324-3000	Date 5-31-79

SEE OTHER SIDE
FOR

INSTRUCTIONS TO EMPLOYING AGENCY

Orig SF-2810 & copy of SF-56 to emp at
 8812 Lynnhurst Drive, Fairfax, Virginia 22031
 Copies of SF-2810, orig SF-2809 & SF-56
 sent to Voucher & Payroll, 5-3-79, INO

67-NOV-1979
 PART 3-FILE COPY 1979

3/1NO

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.
Illustrative Statement
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—
Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
5. In all cases—
Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

AGENCY CERTIFICATION OF INSURANCE STATUS

Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) 2(a). DATE OF BIRTH (Month, Day, Year) 2(b). SOCIAL SECURITY ACCOUNT NUMBER

KUNKEL, ROBERT G. (MR.) **5-17-24** **316 16 9003**

3. CHECK THE REASON FOR TERMINATING INSURANCE

(a) ☐ Separated (includes resignations)
 (b) ☒ Retired
 (c) ☐ Died as an employee
 (d) ☐ Died as a reemployed annuitant
 (e) ☐ End of 12 months non-pay status
 (f) ☐ Other (specify)

NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.

4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY

(a) ☐ CURRENT SF 54 ATTACHED (b) ☒ A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) ☐ A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. 7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO ☐ YES ☒ IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-1) 8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)

5-31-79 **\$ 47,500 PER ANNUM** **2-21-68**

9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Personal signature of authorized agency official: [Signature] Typed name: [Blank] Title: **Supervisory Personnel Assistant**

Name and address of agency, including zip code: **FEDERAL BUREAU OF INVESTIGATION** **J. EDGAR HOOVER BUILDING** **10th STREET & PENNSYLVANIA AVE. N.W.** **WASHINGTON, D. C. 20535**

Phone number, including area code: **202-324-3000** Date: **5-31-79**

IMPORTANT INFORMATION FOR EMPLOYEE

NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance; and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability; and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it; and
- You continue your regular insurance; and
- You have had optional insurance from the time it first became available to you; and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost; and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

SEE OTHER SIDE

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTIONS ABOUT CONVERSION TO AN INDIVIDUAL POLICY AND CONTINUATION OF INSURANCE WHILE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

67-NOT RECORDED
3 JUN 27 1979
PART 1-ORIGINAL

U.S. Civil Service Commission	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	2810-109
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT		

Part A.—IDENTIFYING DATA		
1. NAME (LAST) (FIRST) (MIDDLE INITIAL) KUNKEL, ROBERT G.	2. DATE OF BIRTH 5-17-24	3. CARRIER CONTROL NO. 3202878
4. ADDRESS (INCLUDING ZIP CODE) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	5. PAYROLL OFFICE NO. 15-02-0001	6. ENROLLMENT CODE NO. 442 b6 b7C
7. DATE THIS ACTION BECOMES EFFECTIVE 5-1-69		

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

☐ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

Part E.—TRANSFER IN

☐ YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

☒ YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME

ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

☐ YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Correction of erroneous termination of enrollment. Employee resigned HAC 4-30-69 and entered on duty FBI 5-1-69.

Part K.—DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL James B. Adams FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D. C. 20535	DATE 5-14-69
NAME OF AGENCY FBI	ADDRESS (INCLUDING ZIP CODE) 69-163

U.S. Civil Service
Commission

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

2810-109

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) KUNKEL, ROBERT G.	2. DATE OF BIRTH 5/17/24	3. CARRIER CONTROL NO. 3202878
4. ADDRESS (INCLUDING ZIP CODE) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	5. PAYROLL OFFICE NO. 00004832	6. ENROLLMENT CODE NO. 4-2
	7. DATE THIS ACTION BECOMES EFFECTIVE 4/30/69	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☒ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

☐ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

Part E.—TRANSFER IN

☐ YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

☐ YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE DATE OF BIRTH

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

☐ YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Part K.—DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

DATE

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C. 20515

NAME OF AGENCY

ADDRESS (INCLUDING ZIP CODE)

67-334343-305
Duplicate for Official Personnel Folder

Standard Form No. 2810
July 1968
FPM Supplement 890-1

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) KUNKEL, ROBERT G.			2. DATE OF BIRTH 5/17/24	3. CARRIER CONTROL NO. 3202878
4. ADDRESS (NUMBER AND STREET) <div></div>			5. PAYROLL OFFICE NO. 00004832	6. ENROLLMENT CODE NO. 4-4-2 b6 b7C
(CITY) (STATE) (ZIP CODE) <div></div>			7. DATE THIS ACTION BECOMES EFFECTIVE 5/1/66	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☐

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☒

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE DATE OF BIRTH

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Transferred in from payroll office #15-02-0001 effective 5/1/66. Begin full deductions this office May 1966.

Part K.—DATE OF NOTICE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL U S HOUSE OF REPRESENTATIVES		DATE 5/2/66
NAME OF AGENCY WASHINGTON, D. C. 20515		ADDRESS

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) KUNKEL, ROBERT G.	2. DATE OF BIRTH 5-17-24	3. CARRIER CONTROL NO. 3202878
<div style="border: 1px solid black; width: 300px; height: 60px;"></div> (ZIP CODE)	5. PAYROLL OFFICE NO. 15-02-0001	6. ENROLLMENT CODE NO. 442
	7. DATE THIS ACTION BECOMES EFFECTIVE 4-30-66	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☒ **Disbursing Office
House of Representatives
Washington, D. C.**

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: ☐

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Part K.—DATE OF NOTICE

James B. Adams
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

5-4-66
DATE

67-334343-305

Standard Form No. 2809
CHAPTER 1-5 F.P.M.
6 GAO 5000

HEALTH BENEFITS REGISTRATION FORM
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

CARRIER'S CONTROL NO.

3202878

PART A
ALL WHO
REGISTER
MUST FILL
IN THIS
PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <i>Runkel Robert G.</i>	2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR <i>5 17 24</i>	3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2
6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$10,000 OR OVER <input checked="" type="checkbox"/> 4

PART B
FILL IN THIS
PART IF YOU
WISH TO EN-
ROLL IN A
HEALTH BENEFITS
PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN <i>SAMBA Health Benefit Plan</i>	OPTION (HIGH OR LOW) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	ENROLLMENT CODE NUMBER <i>4 4 2</i>
--	---	--

2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband <i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>b6</i>	<i>[Redacted]</i>
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>b7C</i>	<i>[Redacted]</i>
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES ☐ NO ☒

PART C
FILL IN THIS
PART IF YOU
WISH NOT TO
ENROLL OR IF
YOU WISH TO
CANCEL YOUR
ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.	
1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>	

PART D
FILL IN THIS
PART IF YOU
WISH TO
CHANGE YOUR
ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.		
1. Enrollment code number of present plan. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Number of event which permits change. (See table on back of duplicate for proper number.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. Date of event which permits change. MONTH DAY YEAR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

PART E
ALL WHO
REGISTER
MUST FILL
IN THIS PART.

<i>Robert Runkel</i> (YOUR SIGNATURE—DO NOT PRINT)		<i>[Signature]</i> (DATE)
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WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F
TO BE
COMPLETED
BY
AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE <i>Ray Davidson</i> FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON 25, D. C. (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)	2. DATE RECEIVED IN EMPLOYING OFFICE <i>6-16-60</i>	3. EFFECTIVE DATE OF ELECTION <i>7-1-60</i>
	4. PAYROLL OFFICE NO. <i>15-62-0001</i>	5. PAYROLL ACTION (INITIALS AND DATE) <i>[Signature]</i>

REMARKS
FOR USE ONLY
BY
AM

77

U.S. Civil Service
Commission

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

2810-112

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
Kunkel, Robert G.	5-17-24	3202878
4. ADDRESS (INCLUDING ZIP CODE)	5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
	15-02-0001	442 b6 b7c
	7. SOCIAL SECURITY ACCOUNT NUMBER	8. DATE THIS ACTION BECOMES EFFECTIVE
	316-16-9003	5-31-79

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

☒ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

**Retirement and Insurance Division
Office of Personnel Management
Washington, D.C. 20415**

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART J BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE. ☐

Part G.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: ☐

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part H.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part I.—REMARKS

Employee annuitant

Part J.—DATE OF NOTICE

NAME OF AGENCY AND ADDRESS, INCLUDING ZIP CODE	DATE
FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20535	5-31-79
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL	

INFORMATION IN SUPPORT OF CIVIL SERVICE RETIREMENT APPLICATION

This form is *not* an Application for Retirement (SF 2801). Employing office must complete both sides of this form and attach it to the employee's SF 2801. For instructions regarding completion of this form see FPM Supplement 831-1.

SECTION A—IDENTIFICATION

1. Name of Applicant (<i>Last, first, middle initial</i>)	3. Date of Birth (<i>Mo., Day, Year</i>)	6. Social Security Account Number
KUNKEL, ROBERT G.	5-17-24	316-16-9003
2. List All Other Names Used (<i>Maiden name, AKA, spelling variants</i>)	4. Other Birth Dates Used	7. Service Computation Date
KUNKEL, ROBERT GEORGE		6-29-42
	5. Military Serial Number	
	35727915	

SECTION B—VERIFIED SERVICE HISTORY DOCUMENTED IN OFFICIAL PERSONNEL RECORDS

Federal Agency or Military Service Branch	Appointment, Separation, or Conversion Dates for Civilian and Active Honorable Military Service		Name of Retirement System	Remarks and Non- Creditable Time	Creditable Time		
	From	To			Yrs.	Mos.	Days
FBI	6-29-42	5-31-79	CS	Mandatory Law Enforcement	34	0	5
Active Duty U. S. Army	3-27-43	2-24-46	Mil	Honorable Military LWOP from FBI	2	10	28
TOTAL CREDITABLE SERVICE					36	11	3

SECTION C—APPLICANT'S CERTIFICATION

- ☐ The Above Service is Complete. Note: Be sure there is enough service listed above for the type of retirement you are applying for.
- ☐ I Have Additional Service. (*If additional service is claimed, attach signed statement giving dates, position, title and location of employment, including agency, bureau and division. Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on a SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.*)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section D (reverse).

Signature _____

Date _____

THIS INFORMATION IS REQUIRED TO COMPUTE THE PORTION OF ANNUITY BASED ON SUCH SERVICE

Nature of Action (Appt., pro., res., etc.)	Effective Date (Mo., Day, Year)	Basic Salary Rate	Salary Basis (Per annum, per hour, WAE, etc.)	Leave Without Pay	If Basic Salary Actually Earned is Available Make Summary Entry Below		
					From (Mo., Day, Year)	To (Mo., Day, Year)	Total Earned

Complete this section in all cases. If application is for disability retirement, the questions below should still be answered, but Health and Life Insurance documents should follow with employee's Final SF 2806, Individual Retirement Record.

- Carrier Control Number
3202878

b6
b7C

CSC Form 1084 Back (8-76)

[REDACTED]
April 11, 1979

Office of Personnel Management
Bureau of Retirement
Insurance and Occupational Health
Washington, D. C. 20415

Gentlemen:

I have been informed by the Federal Bureau of Investigation that my retirement deductions withheld and set aside after my 35th anniversary of Government service on 6/1/77, will total \$6,824.24 upon my retirement on 5/31/79.

This is to advise that I wish to have the amount, which includes interest, refunded to me rather than applied to the purchase of additional annuity. The refund should be mailed to me in care of the above address.

Sincerely,


ROBERT G. KUNKEL

3
DM

FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 1
Page 174 ~ b2, b7E